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**THE IMPACT OF 'CULTURAL DIFFERENCE' IN THE
THERAPEUTIC SPACE: A SELF PSYCHOLOGY
PERSPECTIVE ON THE FINDING OF UNDERSTANDING**

by

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ABSTRACT

This study explored the influence of cultural difference in psychotherapy. This is an issue of particular relevance in South Africa where cross-cultural work is commonly practised. Yet there appears to be a silence surrounding the experiences of therapists who are working cross-culturally. The aim of the study was to explore, from the perspective of the therapist, how a psychoanalytic self psychology approach, allows us to engage and work with difference in the therapeutic space. The method used was a case study analysis of a psychotherapeutic relationship between the researcher, a white therapist-in-training, and a black client. The analysis drew on process notes written after the therapy sessions, and focused on the first year of the therapeutic relationship. The material was analysed using a hermeneutic-psychoanalytic theoretical framework.. Two aspects of the psychoanalytic self psychology approach were identified as potentially useful ways of working with difference: 1) the significance of the role of empathy in therapy and 2) the intersubjective stance which is inherent in self psychology. The case study analysis suggested that by paying attention to empathic processes, it becomes possible for us to track the way in which real and perceived differences between therapist and client can lead to empathic ruptures. The adoption of an intersubjective stance highlights how the therapist-client interaction constitutes the meeting of two subjective worlds which are socio-historically defined, multi-dimensional and fluid. The study suggests that in South Africa, where acknowledging racial difference runs the risk of creating divisions between people, there may be a tendency in therapy, to reframe racial difference as some other kind of difference which is less threatening such as language and/or gender difference. One of the fears behind naming and working with difference which was identified, was the fear of being part of a process that uses racial difference to oppress people. A second fear was that by naming difference, divisions would be created between therapist and client which could threaten a potential connection and jeopardise the therapeutic relationship. The study suggests that only after those unconscious threats and fears have been made conscious, does it become possible to authentically connect cross-culturally and thereafter, to begin to locate the similarities in our experiences.

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CHAPTER ONE

INTRODUCTION

1.1. Chapter outline and orientation to the study

The first part of the introduction describes the aim, background and rationale that motivated this study's exploration of the influence of 'cultural difference' in psychotherapy. The second part of the introduction provides a brief overview of each of the chapters in the study. The issue of cross-cultural psychotherapy is of particular relevance in the South African context where psychotherapists and their clients often come from different cultural backgrounds. Although literature exists on the differences between Western versus traditional mental health practices in South Africa (L. Swartz, 1998), the experiences of individuals who have been involved in cross-cultural psychotherapy are not as well documented. The present study describes such an experience as it explores the impact of real and perceived 'cultural difference' on the development of therapeutic understanding between a 'white' therapist and a 'black' client. The experience is described from the perspective of the therapist who was working from within a psychoanalytic self psychology approach. The study will examine whether self psychology's commitment to acknowledging the importance of both therapists' and clients' subjective experiences (Wolf, 1988), allows for an understanding of cultural difference which is not overly confined by the therapist's subjective theoretical and personal frame of reference, but also acknowledges the client's own subjective frame of reference. It explores how the adoption of an empathic stance and an attention to the therapist-client interaction as one which is intersubjective, facilitates understanding in the context of cross-cultural psychotherapy.

1.2. Aim of the study

The first aim of the study will be to address the question of how misunderstandings between client and therapist are thought about in self psychology theory and practice, especially as these are more likely to occur when working cross-culturally (Ridley, 1995). 'Cultural difference', 'language' and 'emotions' are all socially constructed phenomena (Cohler, 1992; Gergen & Gergen, 2000; L. Swartz, 1998; Schwandt, 2000) which begin to be problematised in contexts which challenge or contradict the ways in which they have been constructed

(Levett, Kottler, Burman & Parker, 1997). This study presents the therapeutic space as such a context in which the construction of the social phenomenon of 'cultural difference' is challenged and contradicted. It explores the possibility that by paying attention to the intersubjective processes set up between client and therapist, we can begin to grapple with those constructions and to ultimately find a shared understanding of human experiences. In this way the study investigates the potential usefulness of the intersubjectivist approach which is inherent in self psychology (Wolf, 1988) when thinking about and negotiating difference in the therapeutic space (S. Swartz, 2000). In addition to the afore-mentioned aspect of self psychology, the present study also explores whether a second aspect of self psychology, namely, the adherence to an empathic stance, may serve as a vehicle which both introduces awareness and provides a way of working with those differences.

A second aim will be to address the question of whether there is room within a psychoanalytic self psychology therapeutic approach to question the dominant culture's conceptualisations of pathology. This is believed to be an important question as it has been noted that psychotherapy "has developed within a culture of individualism, where individual personal growth and fulfillment are highly prized" (L. Swartz, 1998, p.89), and that this might not be relevant to individuals from cultures which place greater emphasis on collective goals and interdependence (Kazarian & Evans, 1998). So-called culture-blind therapists who treat all individuals in the same way regardless of their cultural background, may offer psychotherapeutic services which promote individual containment, yet ignore other difficulties which clients may be experiencing (Kazarian & Evans, 1998). The issue of Western psychiatry's 'creation' of particular disorders and the role of language in perpetuating those creations will be raised, and countered with evidence which shows the possibility of a joint generation of new understandings of 'mental illness' within the therapeutic context.

1.3. Background and rationale of the study

The attempt to answer the questions raised here will take the form of a case study analysis. The case study draws on pertinent aspects of the therapeutic relationship which developed between a young man and myself during my first year of training to be a clinical psychologist. As I tried to understand his difficulties with very low self-esteem and with relationships, from a self psychology perspective, I wondered what effect our 'cultural'

difference' might be having on the therapeutic relationship. Since there are very few written accounts of cross-cultural psychotherapy in the South African context, I considered an exploration of this topic to be a worthwhile endeavour. Once I began reading around issues of 'culture' and cross-cultural psychiatry and psychology, I became aware of the potential dangers of failing to consider cross-cultural issues, such as the perpetuation of traditional systems of racial, cultural and gender privilege (Levett et al. 1997) through unthinking imposition of Western theories in a South African context. Among the few written accounts of cross-cultural psychotherapy in the South African context, I came across research which has considered the experience of black interns working with white clients (Kleintjes, 1991), but not the experience of white interns working with black clients. This was captured in a comment by one of the participants in a study done on the experience of black clinical psychology interns: "Black therapists are trained to understand white clients but white therapists are not necessarily trained to understand black clients" (p.42; Kleintjes, 1991).

Furthermore I wondered whether the way in which cultural difference had been emphasised in the past in order to legitimise racism (Harvey, 1990), had subsequently led to what seemed like an avoidance of notions of culture difference. Yet in a South African context race continues to form an integral part of our identities (Levett et al. 1997), and to not acknowledge this runs the risk of ignoring a significant aspect of our experiences in relation to each other. The rationale of the present study is therefore to broaden ways of thinking about difference in psychotherapeutic settings, and to avoid being part of what appears to be a silence around the impact of cultural difference on therapeutic understanding.

1.4. Overview of the chapters in the study

The literature review which follows in chapter two, draws on various writings which have addressed this issue of the relevance of psychotherapy across cultures. The value of emphasising the apparent differences which exist between individuals of different cultures, while ignoring similarities, has also been questioned, (L. Swartz, 1998) and the literature review will therefore also look briefly at some of the misconceptions and hidden agendas which have been involved in the use of the concept of 'culture' and 'cultural difference'. Psychoanalytic theory and practice has been criticised for what seems to be its focus on the intrapsychic at the expense of broader context (Toukmanian & Brouwers, 1998), and would therefore seem to be of limited use in cross-cultural psychotherapy. This study will explore

whether, in its attention to empathic and intersubjective processes, the psychoanalytic perspective and self psychology in particular, may in fact allow for a detailed understanding of the impact of cross-cultural difference in psychotherapy.

Chapter 3 describes the case study methodology chosen for this dissertation. It explains the relevance of a hermeneutic-psychoanalytic approach for a study on cultural difference. This chapter highlights the importance of adopting a self-reflexive stance which can maximise understanding of how unconscious dynamic processes influence the research process.

In Chapter 4 case study material is presented. The process of finding understanding through the adoption of an approach which prioritises empathic connection and intersubjectivity is demonstrated. The chapter explores how intersubjectivity theory, which views personal experience as fluid, multi-dimensional and context-sensitive (Stolorow, Orange & Atwood, 1997), can help us to understand the way in which discourses around culture, and emotion and language, influence personal experience and intersubjective processes. The value of empathic immersion as an entry point into identifying and working with those differences is also described.

Chapter 5 provides a brief reflection on the potential of a self psychology approach in cross-cultural psychotherapy. The relevance of the present study for cross-cultural psychotherapy in the South African context is also highlighted.

CHAPTER TWO

LITERATURE REVIEW

2.1. Outline of the chapter

The first part of this chapter provides a review of the literature which addresses the issues of culture and cultural difference. Theoretically-oriented and clinically based views on the relevance of these issues to mental health practices are presented, which draw on the fields of cross-cultural psychiatry and cross-cultural psychotherapy. The second part of the chapter looks briefly at the potential of existing psychotherapeutic approaches for working with cultural difference. The review then highlights self psychology's potential for cross-cultural understanding which stems from its commitment to empathic understanding and its acknowledgement of intersubjective processes.

2.2. Culture

Conceptual and methodological problems related to the definition and understanding of 'culture', have made it difficult for psychologists and other professionals to reach consensus as to what this term means and measures (Chambers, 2000; Betancourt & Lopez, 1993; Clark, 1987; Jahoda, 1980, 1984; Kalin & Berry, 1994; Ponterotto & Casas, 1991 in Kazarian & Evans, 1998). The way in which the term 'culture' has been used interchangeably with terms such as 'race', 'ethnicity' and 'minority' (Kazarian & Evans, 1998; Harvey, 1990), has confounded and confused efforts to address the perceived differences which may exist among individuals. Historically the concept of culture was used in an essentialist sense to refer to a defining feature or possession of a group (Wong, 1994). The synonymous use of the terms 'race' and 'culture' fostered the idea that culture refers to a fixed and defining trait (Harvey, 1990). In some contexts the term culture was, and is, still used to make a value judgement whereby someone who 'has culture' is held to be sophisticated as opposed to a 'culture-less' unrefined person (L. Swartz, 1998).

Another way in which the term culture is used is to refer to the idea that different groups of people draw on different shared systems of ideas and rules. These are transmitted through language, symbols and rituals so that each group defines its own particular culture (Helman,

1994). Along these essentialist lines, some authors have found it useful to identify the fundamental characteristics which define a particular culture. The “generalised traits of cultures” (Kim et al, 1994; Shoham, Ashkenasy, Rahav, Chard, Addi, & Addad, 1995; Triandis, 1990 in Kazarian and Evans, 1998) which have been identified include: individualistic cultures versus collectivistic ones, reason and action-oriented cultures versus intuition and resignation-oriented cultures ones, and cultures in which social norms are tightly enforced versus cultures where the social norms are less clear and rigidly enforced.

Yet what remains unclearly articulated within this kind of conceptualisation of culture is whether two individuals are culturally different because they draw on those different systems of belief, or, whether some essential difference between them is captured in each of those respective belief systems. In South Africa this kind of vagueness in the use of the term culture has allowed for it to become involved in a political discourse which constructs ‘black’ and ‘white’ racial groups as possessing innate differences which are captured and reflected in their respective ‘cultures’ (L. Swartz, 1998). In this way, the term ‘culture’ has been used to disguise the underlying belief that individuals belonging to different racial groups are inherently different because of this unavoidable ‘cultural’ element.

From the more recent social constructionist perspective, it has been argued that the essentialist use of the term ‘culture’ separates it from the socio-historical processes which create and define it (Harvey, 1990; Krause, 1998). The attention is thereby shifted to the processes whereby culture is constructed and negotiated, and to the way in which the meaning of culture is subject to a variety of interpretations (Chambers, 2000). In line with this social constructionist perspective, it has been noted that “every question we ask about culture and mental health depends on how we see the world” (L. Swartz, 1998, p.5) and since there are many ways of seeing the world, there are many ways of thinking about culture.

Social constructionist views on culture have allowed culture to be seen as a process of being and becoming a social being, rather than as a static phenomenon (Chambers, 2000; L. Swartz, 1998). Within this perspective, culture refers to the ways in which the rules of a society are enacted, experienced, and passed on from one generation to the next (L. Swartz, 1998). This view acknowledges the intra-cultural variation that exists in the degree to which the meanings which define the culture, are shared and/or maintained by each member of that culture

(Toukmanian & Brouwers, 1998). Culture-specific meanings may play a significant role in an individuals' worldview, or they may not. According to Krause (1998):

A more accurate view of culture is thus one which on the one hand refers to the ideas handed down to us through our relationships with our carers and other people who are integral to our functioning in specific cultural contexts, and on the other hand to the interactive and recursive processes which allow individuals to reinterpret these cultural themes in the light of the circumstances of their relationships and their own lives (p. 74).

This kind of attention to each individual's unique way of interpreting and experiencing his/her culture moves away from the idea that culture determines behaviour, and moves toward an understanding of culture as one of the many factors which influence the ways individuals, feel, think and behave.

2.3. Language and culture

A social constructionist perspective on culture also brings new light to the relationship between language and culture. As was mentioned above, in terms of the more essentialist view on culture, language is seen as a 'carrier' of culture. A notion that language and culture are integrally related is inherent in theories which propose that language transmits culture (Helman, 1994). Yet the precise nature of that relationship has also been theorised in different ways in the light of post-structuralist thinking. Cultural studies have highlighted that even though language may be a 'carrier' of culture, it does not mean that culture and language should be treated as homogenous terms (Frow & Morris, 2000).

According to the post-structuralist perspective (Richardson, 2000; L. Swartz, 1998; Schwandt, 2000; Gergen & Gergen, 2000), the role of language in relation to culture is a more active one as it 'produces' or 'creates' culture. Frosh (2002) describes this postmodern break as one of "a dismantling of the claims that behind language there lies something more profound and more meaningful, and its replacement with a celebration of difference and heterogeneity, centered on the constructive possibilities of language" (p. 80). Taking this to the level of the individual, Gergen & Gergen (2000) reflect that language constructs our subjectivity "in ways that are historically and locally specific" (p. 929) as language, subjectivity, social organisation and power are all linked. 'Cultural identity' in so far as it forms part of each individual's subjectivity, and 'culture' in so far as it forms part of

social organisation and power relations, can therefore also be seen as being constructed by language.

In the South African context, the use of interpreters in mental health settings has highlighted the need to distinguish between culture and language. The underlying assumption that individuals who share a language also share the same cultural background, has been refuted in situations where individuals speaking the same language have been shown to hold very different cultural views (L. Swartz, 1998). This position might be extended to include the view that individuals need not speak the same language in order to have a shared cultural understanding.

A detailed understanding of the relationship between language and culture is beyond the scope of the present study, and hence a comprehensive review of that relationship is not offered here. However some mention of the nature of the relationship between cultural difference and language difference has been made, in order to show that underlying assumptions such as language merely reflecting or 'carrying' culture (Helman, 1994), have been brought into question by a number of authors (Richardson, 2000; L. Swartz, 1998; Schwandt, 2000; Gergen & Gergen, 2000). This has made it possible for us to think about the way in which language and language difference may be involved in the production or creation of cultural difference. In the South African context, the issue of language has been involved with political agendas which prioritised racial difference (Swartz & Drennan, 2000), and hence 'cultural difference'. In the past, aggressive language policies have limited the accessibility of black people to a range of services including mental health services (L. Swartz, 1998). This then helped perpetuate the notion that black people did not need those services in the first place as they could not make use of the services in the form that they existed, and reinforced notions that black individuals are psychologically 'other' (L. Swartz, 1998). In this way, unquestioned assumptions regarding the relationship between language and culture served to entrench notions of cultural difference. This is related to one of the aims of the present study, that being to show how assumptions about cultural difference need to be questioned in the therapeutic context. These ideas are extended below, in the next part of this chapter, which reviews cross-cultural psychiatry and psychology.

2.4. Cross-cultural psychiatry

Work in cross-cultural psychiatry has exposed the implicit belief in Western psychiatry that it has found the 'right' way to understand mental illness and that alternate ways of understanding mental illness are inferior (L. Swartz, 1998). The fact that a distinction is made between Western and non-Western cultures is in itself predicated upon a number of assumptions related to difference, which are not always readily apparent. A vast amount of literature exists which explores the applicability of the Western perspective in non-Western contexts, explains alternate ways of understanding mental illness, suggests ways in which differing viewpoints might be brought together and looks at the role of the mental health practitioner cross-culturally. Cross-cultural psychiatry in Britain, for example, has sought to explore cultural factors in mental health, in order to move away from traditional psychiatry that was seen as racist (Littlewood & Lipsedge, 1997 in L. Swartz, 1998). North American cross-cultural psychiatrists such as Kleinman (1980), have located mental illnesses within their particular social and cultural contexts, and in this way have moved away from traditional psychiatry's notion that mental illness is a universal phenomenon caused by intrinsic/biological processes. Following from this, the psychiatric 'diagnosis' has been redefined as one of many possible kinds of interpretations of an individual's experience, as opposed to being a label for objectively measurable signs and symptoms (Kleinman, 1988 in L. Swartz, 1998).

Research in the South African context has shown that to view the Western rational biomedical approach to mental illness and the 'irrational' non-Western approach as mutually exclusive is flawed, as there is some overlap between the two approaches (Boonzaier, 1985 in L. Swartz, 1998). Yet it is also true that within the South African context, experiences which are labelled as mental illness by Western psychiatry, are acceptable forms of experience in non-western cultures (Buhrmann, 1977, 1982, 1984; Swartz, 1986, 1987 in L. Swartz, 1998). It has been noted that in many ways South African society does not resemble the mainstream American society that created the Diagnostic and Statistical Manual of Mental Disorders, DSM-IV (American Psychiatric Association [APA], 1994 in L. Swartz, 1998) and therefore the assumptions about normality and abnormality upon which DSM-IV disorders are based, might not be relevant in a South African context. In the 1970's for example, a number of authors (Kruger, 1974, 1978; Schweitzer, 1977 in L. Swartz, 1998) argued that the experience

of “ukuthwasa”, whereby a Xhosa person is called to be a healer and goes through a period of emotional turmoil, was being inaccurately described by Western mental health professionals as a psychotic episode. Instead, these authors argued that people experiencing “ukuthwasa” are essentially emotionally healthy people who are responding to a call from their ancestors.

In an attempt to be more sensitive to the impact of cultural factors such as those mentioned above, Western psychiatry has come to include “culture-bound syndromes” in its updated version of the DSM-IV (APA, 1994). These culture-bound syndromes are defined as “recurrent, locality-specific patterns of aberrant behaviour and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category.” (p. 844). However, what remains problematic about this definition is the incorrect assumption that indigenous conditions can be classified according to DSM-IV principles (L. Swartz, 1998). “Amafufunyana”¹, for example, a well-known indigenous condition in South Africa, which does not have a typical pattern of presentation, and which tends to be described differently by different indigenous healers (L. Swartz, 1998), remains difficult to diagnose according to DSM-IV criteria. Instead it has been suggested that “amafufunyana” is best understood as a socially acceptable manner of communicating inner conflict and a way of understanding and negotiating illness (Lund, 1994, in L. Swartz, 1998), rather than as a set of symptoms. More generally, it has been noted that diagnosis in African indigenous healing is best done in terms of theories of causation, rather than lists of symptoms as is currently the case (L. Swartz, 1998). This shows how traditional psychiatry’s assumption of individual/biological determinants of mental illness becomes problematic when applied in different cultural settings, and illustrates Kleinman’s (1980) point that mental illness needs to be understood as embedded in and constructed by cultural and social influences, and that it is not enough to consider culture and society as merely exerting an influence on, or shaping mental illness, as the DSM-IV suggests.

In the South African context the issue of language difference when working cross-culturally has highlighted the limitations of an empiricist perspective on language. Definitions of mental illness rely upon language to draw distinctions between what seem to be different

¹ A condition which can be loosely defined as spirit possession due to sorcery and which is often associated with mental disorders (L. Swartz, 1998).

phenomena. Yet translation of a word from one language to an equivalent word in another language does not guarantee that the same or even a similar meaning is being conveyed (Leff, 1988). Swartz (1998), in his description of the problem in defining depression cross-culturally, describes a study (Drennan, 1991 in L. Swartz, 1998) which showed that one of the Xhosa translations of the word 'sad', is a word which is also used to refer to 'worried'. This overlap between experiences of worry and sadness becomes problematic when working cross-culturally as the western DSM-IV classification system relies upon a distinction between worry/anxiety and sadness/depression.

The afore-mentioned difficulties in accurately defining mental illnesses cross-culturally do not entirely disappear when one is working within a single culture. Returning to the distinction between anxiety and depression, Leff (1988 in L. Swartz, 1998) has argued that even though Western psychiatry maintains a distinction between 'anxiety' and 'depression' as two distinct mental illnesses, anxiety and depression are commonly experienced as a joint phenomenon among Western people. According to Leff, the distinction between anxiety and depression is therefore one which has been created and maintained by specialists, such as psychiatrists, and not by the average person.

This illustrates how what appears to be a difficulty with defining mental illness because of problems translating from English to Xhosa, can also be due to a more fundamental problem with using language to represent emotional experience. Problems in defining mental illnesses therefore also need to be understood in the context of broader issue of the relationship between language and emotion, or more specifically, the function of language in identifying and labelling emotions. A number of theorists who have moved beyond the position that there is a one-to-one relationship between a feeling and a word to describe that feeling (Schwandt, 2000; Leff, 1988), argue instead that language is given the capacity for meaning through human interchange (Gergen 1994 in Schwandt, 2000). In her study of sociolinguistic practices, Irvine (1990) comes to a similar conclusion and notes that:

The communication of feeling is not merely a property of the individual, or a function of transient irrational impulses, or an unruly force operating outside of the realm of linguistic form. Instead it is socially, culturally, and linguistically structured, and we cannot adequately interpret individual's behaviour as emotional expression until we understand some of that framework (p.128).

The need to consider the intertwined relationship between language, culture and emotions will be taken up again below, in relation to psychotherapy as a 'talking' and therefore, language-dependent, health practice.

2.5. Cross-cultural psychotherapy

Within the field of psychotherapy, cross-cultural work has led to a problematising of the basic assumptions underlying Western-style therapies. The notion that psychotherapy is a more benign and less oppressive practice than Western psychiatry has been challenged and it has been pointed out that psychotherapy can be an "insidious... agent of social control" (Littlewood, 1997 in L. Swartz, p.21). Although there is some variation in the extent to which the assumptions underlying Western psychotherapy operate, depending on the particular psychotherapeutic approach which is being used, it has been argued that the notions that psychotherapeutic treatment should be individual-centered and that change should occur on an intra-psychic level, are found in all psychotherapeutic approaches (Toukmanian & Brouwers, 1998). In her review of the role of clinical psychology in South Africa, Kleintjes (1991) noted that "South African clinical psychology has at root, a system of values, beliefs and practices which still primarily focus on an individual or family level of intervention within a psychomedical framework" (p.5). Yet in some non-Western cultures, group membership plays a more important role in identity formation than does the individuals' sense of individuality (Ho, 1985; Kim, Triandis, Kagitcibasi, Choi & Yoon, 1999 in Kazarian & Evans, 1998; Roland, 1991). Psychotherapy which focuses on individuality therefore runs the risk of ignoring a crucial aspect of his/her experience (L. Swartz, 1998; Toukmanian & Brouwers, 1998; Roland, 1991). On a more serious note, the Psychological Association of South Africa has observed that by studying black people from a perspective which is alien to their experience, clinical psychology has contributed to the notion that black experience is inferior to white experience (Kleintjes, 1991).

The belief that individuals seeking help with psychological problems should be prepared to engage in therapy for long periods of time, is another belief about therapy which is held by some Western practitioners and can be derived from the intra-psychic view on mental illness (Toukmanian & Brouwers, 1998). This might not be relevant in a culture where illness is understood as being shaped by forces external to the individual and hence beyond his/her individual control, regardless of the length of time he/she spends trying to solve the problem.

Another assumption underlying the Western view on psychotherapy which has been questioned, is that individuals in therapy need to be actively involved in verbal and emotional expression. Comparative studies of different cultures have shown however, that there are significant differences in the degree to which members of Western cultures and members of Eastern cultures disclose information (Ting-Toomey, 1991; True, 1990; Wheelless, Erickson & Beherns, 1986 in Toukmanian & Brouwers, 1998). In addition, in terms of the language issues mentioned above whereby the universality of Western definitions of mental health and emotions are questioned (L. Swartz, 1998), the reliance of psychotherapy on verbal expression can be seen as problematic as it is predicated upon the assumption that language can accurately convey meaning, and that those meanings are cross-culturally understood. The relevance of a 'talking' method in contexts such as South Africa where the impact of language difference has not always been fully considered, is an issue of particular relevance to the present study.

With regards to cross-cultural mental health practices, it has been noted that the absence of a shared language can serve the defensive purpose of allowing 'white' clinicians to avoid fully understanding the situations of 'black' patients for whom there are very little available resources. Swartz and Drennan (2000) note that it is better in this context "not to understand patients than to risk being overwhelmed by their needs and by the gap between their needs and what help might be offered" (p. 191). Moreover, psychological language can be used to not only distance the clinician from the patient's experience, but also to obscure unacceptable aspects of that experience, and justify terminating treatment of patients when this is not in their best interests but seems to be in the best interests of an overloaded health care system (Swartz & Drennan, 2000).

Research studies have shown how a failure to question value-laden assumptions about psychotherapy impact negatively on the degree of understanding between therapists and clients (Brody, 1977; Dahlquist & Fay, 1983; Sue & Sue, 1990 in Toukmanian & Brouwers, 1998), resulting in clients feeling unheard and unhelped. Unconscious value imposition can be avoided when there is an awareness that "culture is an invisible and silent participant in counselling" (Draguns, 1989 in Ridley, 1995). It has been argued that the way in which culture 'participates' in counselling is by constraining that which the therapist can understand about his/her client, as "The analyst is always listening within particular constraints, always looking consciously or unconsciously for support of beliefs and convictions. The analyst is

never without memory or desire” (Cooper, 1996, p. 257 in S. Swartz, 2000). Efforts which have been made to develop an understanding of those constraints are described in the next part of this review.

2.6. Addressing cross-cultural differences in therapeutic settings

In an attempt to acknowledge and addresses cultural difference and its impact on therapeutic interventions, some practitioners advocate and practice the modification of treatment methods and goals. In his review of the use of psychoanalytic treatment methods in Third World contexts, Peltzer (1995) notes that there tends to be an adaptation or modification of those methods, “so as to adapt the method to their milieu” (p. 213). These adaptations follow from the understanding that for psychotherapy to remain useful and relevant in a non-Western cultural context, the impact of different cultural norms on the methods and goals of treatment must be considered.

There is however a danger of inadvertently re-reinforcing cultural stereotypes when adapting and modifying Western methods to ‘fit’ a particular culture. Devereaux (1985 in Peltzer, 1995) for example, describes his experiences of not revealing certain interpretations to a North American Plains Indian who he was seeing in psychotherapy so as to “protect the patient”. This kind of adaptation of his usual method, raises the question of whether there might be a stereotype in operation wherein the non-Western individual is believed to have limited insight and/or limited capacity to take personal responsibility for emotional pain. Further, there remains an implicit assumption that the Western professional holds the ‘knowledge’ and from his/her position of power decides whether to share it or not with those who are less knowledgeable. Furthermore, it has been noted (Ridley, 1995) that there is a danger of placing too much importance on perceived racial/ethnic difference, as each individual’s identity is made up of multiple cultural roles with ethnicity being but one of these. It may be that an individuals’ religious beliefs might be as or more important to his/her sense of identity than his /her blackness/whiteness.

Another branch of international cross-cultural psychotherapy research, has focused on exactly how therapists inadvertently engage in unintentional acts of racism due to their own unexamined, and often unconscious, beliefs about individuals from cultural backgrounds which are different to their own (Jackson, 1993; Fernando, 1988 in Ridley, 1995). Their

work shows how, despite a 50 year-long awareness of this issue, racism continues to form a part of various aspects of therapeutic practice from diagnosis to treatment modality to treatment duration. Ridley has explored the ways in which racist views are perpetuated by therapists through “defensive racial dynamics” (p.67) which arise out of the lack of a sophisticated understanding of cultural difference, and how this effects the therapist, the client and their interaction.

One such defensive racial dynamic is that of colour blindness, that is, the illusion that a client, who does not come from the same dominant cultural group as the therapist, is no different from any other client. In this way, the therapist’s ‘innocent’ avoidance of talking about racial difference disregards this potentially important aspect of the client’s psychological experience. Health professionals, including psychotherapists, have been accused of being culturally insensitive due to their failure to take seriously and engage with the differences which inevitably exist between people (Gibson, Swartz, & Sandenbergh, 2002). In the South African context, with its history of legalised and entrenched racial discrimination, the avoidance of talking about cultural difference can be understood in terms of a reluctance to create distance between people, and a resistance against perpetuating the historical racist perspective which saw black and white people as fundamentally different and incompatible (Gibson et al. 2002).

Colour blindness can lead to misdiagnosis, as deviations from white middle-class values might be seen as problematic and at worst, as the very a problem which needs to be treated (Gibson et al. 2002), such as the example of “ukuthwasa” which was mentioned above. In a subtler manner, failure to think deeply about the meaning of cultural differences can inform beliefs about client’s capacity for change and insight in non-helpful and potentially racist ways. For example Jegede and Baiyewa (1989 in Peltzer, 1995, p. 215) report that in the African setting, in cases of neurotic illness, intensive psychotherapy should not be a treatment option as these “patients” aim to have symptom relief rather than “self-understanding” or “personality change”. Yet, these authors fail to consider that their conceptualisation of “self-understanding” and “personality” might be different to that of the patient. According to the DSM-IV (APA, 1994), personality refers to long-standing traits which are not outside the individual’s cultural norms. The question which seems to have remained unasked is whether the personality change which is purported to be needed, is not one which involves a change

toward a particular kind of personality which is not relevant to the patient's culture, even though it might be relevant to the therapist's culture.

A second defensive racial dynamic to which Ridley (1995), refers is that of colour consciousness. This is a phenomenon whereby too much importance is placed on the colour of the client, also leading to misdiagnosis as difficulties which are best understood in terms of a severe psychopathology are understood instead, in terms of the impact of minority status on the client's functioning. Within this particular defensive racial dynamic, the values of the dominant culture remain the yardstick against which different cultural values are measured, as opposed to according equal status to different values. An example of this is the "assimilative" approach which was proposed by Peltzer (1995). He recommends "assessing and understanding the individual African patient's psychology as shaped by his or her place in a specific sociohistorical-cultural and historic context" (p.215). He then goes on to outline how the patient's "acculturation" must be assessed to see whether it is "traditional", "modern" or "transitional". In this example, it is clear how Western modern culture remains the central point of reference.

Ridley (1995) also describes the occurrence of "cultural countertransference" which involves the therapist's projection of feelings experienced in past interactions with members of the client's race, on to the client in the current therapeutic interaction. This defensive racial dynamic has particular relevance in a the South African context where political laws and sociohistorical-economic disparities have led to white and black South Africans occupying very different geographical, occupational, educational and social locations. This has prevented many individuals from experiencing and engaging with difference, such as language difference, as a part of their everyday lives. For as long as therapists are not conscious of their irrational projections, and for as long as they remain unchallenged by members of the therapist's race who share similar feelings and attitudes, there is no opportunity to question potentially racist assumptions. Jones (in Ridley, 1995) writes:

Any client can invoke in a therapist an unhelpful emotional response; what is noteworthy for this discussion is that it appears that black patients may evoke more complicated countertransference reactions and more frequently. The reason for this seems to be that social images of blacks still make them easier targets for therapist's projections and that the culturally different client provides more opportunities for empathic failures. (p. 178)

According to Ridley (1995), White counsellors may be motivated by the “great white father Syndrome” whereby paternalistic efforts to help lead to condescension and reinforce learned helplessness. For example, Rabanal (1990 in Peltzer, 1995) includes in his adaptation of the psychoanalytic method, the dropping of payment when working with people living in a slum in Peru. One might question the assumptions behind such a decision: is it being assumed that the social disadvantage of these individuals renders them incapable of attaching value to and therefore being prepared to pay for, a service which can help them? If so, we need to think about the implications of this for the therapist’s expectations regarding the client’s motivation to change and withstand the emotional pain associated with healing.

Alternately there may be a high dependency need by the therapist to obtain the client’s approval by showing that he/she is unlike other racist people. This kind of “cultural ambivalence” on the part of the therapist may lead to his/her preoccupation with their own conflicts at the expense of remaining attuned to the client’s psychological reality. Part of this phenomena may be the defensive exclusion from awareness of those aspects of the client’s experience which the therapist does not understand, so as to avoid engaging with the uncomfortable feelings which awareness of those differences would bring. Krause (1998) in her work on therapy across cultures, comments on the gulf in therapy which often develops when working cross-culturally, where differences may lead to the therapist feeling “at sea...not knowing where to anchor the experiences which are being communicated...” (p.2). She goes on to describe how it is both tempting and possible to ignore this discovery of uncertainty, and to proceed as if the uncertainty did not exist, yet this precludes developing an understanding of the client. Gibson et al.(2002) describe how, in the South African context where differences between people have been used in the past to oppress black people, this tendency to want to avoid acknowledging the differences between people, can be understood as a wish to distance oneself from those kinds of oppressive practices.

As a way out of the racial defensive dynamics mentioned above, Ridley (1995) advises a stance of “cultural empathy” whereby the therapist tries to get to the heart of the client’s experience, and then communicates this back to the client. He advocates exploring cultural issues in therapy, and not being afraid to ask questions:

All therapy is culturally contextualized, and positive therapeutic outcome depends on the skilful

incorporation of cultural considerations into the design of counselling intervention. Conversely behaving as if culture is irrelevant is counter-therapeutic. Such behaviour results in an inadequate understanding of the individual and an inability to maximally assist them in achieving therapeutic goals. (p.92)

Toukmanian and Brouwers (1998) also advocate the exploration of cultural issues in therapy. They argue that although generalised knowledge about a particular culture does tell the therapist something about the ideational system, which surrounds a particular individual, it does not provide information about that particular individual. Unless the 'cultural knowledge' is particularised for the individual who is in therapy, a generalisation runs the risk of becoming a stereotype. These authors emphasise the importance of culture as one of many systems from which the individual draws, in formulating his/her worldview. The therapist's interest in the individuals' culture should therefore lie in coming to understand what his/her experience of that culture is, as opposed to assuming that when therapist and client belong to different cultural groups, there are certain aspects of the client he/she will never fully understand. As in any other psychotherapeutic encounter, the therapist's challenge lies in slowly and gradually understanding his/her client, by being prepared to hold two different worldviews, both of which are accepted as meaningful and real. In a way, it could be said that since all therapeutic encounters involve this dynamic between two different worldviews, there is a multicultural dimension in every psychotherapeutic relationship. These authors propose that since the most significant aspect of therapy has been found to be the therapeutic relationship, that is, the empathy, warmth and positive regard which exists between client and therapist (Orlinsky & Howard, 1986; Patterson, 1984 in Toukmanian & Brouwers, 1998), efforts to overcome potential barriers in cross-cultural psychotherapy, should be focused in this area:

We must therefore help therapists be able to understand the client from the vantage point of his/her unique view or experiential frame of reference...(to) recognise that how the client experiences a given situation is an important source of information, that these experiences are tied to his/her cultural upbringing within the context of family and community, and that an understanding of how contextual factors are playing into the client's perceptions and experiences of problems is crucial to the process of therapy. (p.120)

2.7. Different psychotherapeutic approaches and cultural difference

The next part of this literature review looks briefly at the three most widely used psychotherapeutic approaches, cognitive-behavioural, humanist-existential and psychoanalytic, in order to assess the potential capacity of each to meet the therapeutic needs of people from different cultures. Each approach will be assessed in terms of its potential to explore the impact of cultural difference on therapy, and in terms of its potential to adopt an empathic stance in relation to cultural difference.

Within the cognitive-behavioural approach, the focus is on the individual's cognitive processes and behaviour. The underlying assumption is that our thoughts about the world influence the way in which we feel and act in the world (Toukmanian & Brouwers, 1998). Cognitive-behavioural theory postulates that core beliefs about one's self develop out of early life experiences in relation to significant caregivers, which then become organised into cognitive schema (Young, 1990). These cognitive schema give rise to intermediate beliefs about what can be expected to happen in any given situation, and in this way influence the individual's behaviour and emotional experiences in conscious and unconscious ways (Beck, 1995). In cognitive-behavioural therapy the individual is helped to identify and modify the distorted or dysfunctional assumptions which may underlie their emotional and behavioural disturbances (Beck, 1995), and hence the locus of change lies in the individual.

Cultural differences between therapist and client might be indirectly addressed in the cognitive-behavioural approach to the extent that the client's cultural beliefs are identified as having a negative impact on his/her functioning, for example the belief that people from another culture are superior to one's own. Apart from this, there is no imperative within this approach to engage with the cultural differences which might exist between client and therapist. Moreover, although this form of therapy does value the adoption of an empathic stance and the promotion of a collaborative rapport between therapist and client (Beck, 1995), this is not a focal aspect of the therapy. The impact of cultural difference on the capacity for empathic listening would therefore not be an essential feature of the therapy.

In humanist-existential psychotherapy, the experiential world of the client constitutes the focus of therapy, and an effort is made to understand this experiential world from the client's subjective point of view (Toukmanian & Brouwers, 1998). Whether taking a more positive

perspective which holds that people are inherently purposeful, goal-directed and self-actualising (Rogers, 1942, 1961 in Toukmanian & Brouwers, 1998) or a more negative view of human nature, all human-existential therapists believe that the goal of therapy is to assist clients to explore and deepen their understanding of themselves in the world. It is believed that the capacity for change lies in an exploration of subjective experience, that is facilitated by the acceptance and empathic listening of the therapist.

Although it is true that, as with cognitive-behavioural therapy, the humanist-existential approach retains an emphasis on the individual/self as the agent of change through the process of self-actualisation, in the latter approach the relationship between therapist and client is more central to the therapy. As a result there is a greater scope for the consideration of the impact of cultural differences in therapy, where for example cultural differences act as obstacles to the therapist's unconditional positive regard and acceptance of the client. The exploration of clients' subjective experiential worlds will also include, where relevant, aspects of their experience which are related to cultural identity. Accordingly, it has been suggested that the humanist-existential approach, because it is not so entrenched in Western values, prioritises the client's subjective experience and considers the importance of the therapist's empathic stance, is the best framework for cross-cultural psychotherapy (Toukmanian & Brouwers, 1998).

Yet it could be argued that a cross-cultural perspective on psychotherapy of this kind, which focuses on the individual's experience of himself and self-in-relation to others, without placing the same kind of focus on the therapist, misses capturing the subtle micro-dynamics of the therapeutic relationship. These may include the nuances of the emotional process between therapist and client, as well as the complex interactions between 'culture' and the 'problem' which the client has brought to therapy. The psychoanalytic approach, which is described briefly below, begins to address some of these issues.

Within the psychoanalytic orientation to therapy, human behaviour is understood to be motivated by unconscious motivational processes (Malan, 1979). Different branches of psychoanalysis have focussed on different aspects of this: ego psychologists have concentrated on how defences are used to keep dysphoric affects such as anxiety and guilt at bay (Mitchell & Black, 1995); object relations theorists have highlighted the importance of early interpersonal (object) relationships in shaping unconscious motivational processes; self

psychology has focussed on the development of the self in relation to those interpersonal or selfobject relationships (Mitchell & Black, 1995) with the emphasis being on the child's point of view (Mollon, 1986). The objective of therapy in each of these different psychodynamic schools of thought is to facilitate a modification of those unconscious processes which are impacting upon the individual by making them more conscious and amenable to change (Toukmanian & Brouwers, 1998). This objective seems particularly suited to cross-cultural phenomena if we consider that cultural difference is a potentially emotive and contentious issue which is likely to be associated with strongly defended against and therefore unconscious feelings.

Frosh (2002) has argued that psychoanalysis has always acknowledged the impossibility of obtaining a complete understanding of mental phenomena, and hence of fully understanding human experiences. This is because psychoanalysis is a "sense-making process" (p.83) which is itself motivated by irrational unconscious impulses which can never be fully understood. He describes psychoanalysis as a discipline which, because it is concerned with unconscious material, "organises itself around the unsayable" (p.148), which includes our unspeakable thoughts and feelings pertaining to difference. Defensive strategies such as racism are described by Frosh as an attempt to preserve a sense of selfhood, and to resist disintegration, by projecting what is unspeakable about ourselves onto 'the other'. Because psychoanalysis works with the edges of meanings and the borders of understanding, the powerful meanings with which 'the other' become invested, a phenomenon we have certainly seen in the South African context, can begin to be consciously thought about.

One of the criticisms which has been levelled at the psychoanalytic approach and which is particularly relevant to the issue of cultural difference, is that psychoanalysis remains an individualistic theory which ignores the impact of the broader social context (Toukmanian & Brouwers, 1998). Mitchell and Black (1995) in their overview of psychoanalysis, seem to counter this criticism with their claim that psychoanalysis has a universal applicability which renders it relevant to "real people living real lives with real problems in our current world" (Mitchell & Black, 1995, p.xxii), even though it has been developed by a number of different authors in many different countries at different points in history. These authors argue that psychoanalysis has in fact offered critical insights into the development of our understanding of the self as decentered, multiple and contextualized (Mitchell & Black, 1995).

Further evidence for the claim that psychoanalysis does in fact attend to context is present in early branches of psychoanalysis such as object relations and early self psychology theory. According to Roland (1991) object relations theory and self psychology were instrumental in developing ways of explaining how social relationships and cultural symbols become internalised as part of the individual psyche (Roland, 1991). The forerunner in highlighting the importance of interpersonal processes was Henry Sullivan (Mitchell & Black, 1995), whose interpersonal theory marked the birth of an interpersonal psychoanalysis. He introduced the idea that individuals' experiences cannot be separated from the interpersonal field in which they occur (Mitchell & Black, 1995). He also suggested that although we experience ourselves as 'having' a self, our self-system is a construction aimed at creating illusions which will dispel anxiety (Mitchell & Black, 1995).

Evidence for the claim that psychoanalysis does not focus exclusively on intrapsychic processes is also readily found in recent psychoanalytic trends which have turned their focus to intersubjective processes, (Emde, 1988; Beebe & Lachmann, 1988; Stern, 1985; Sander, 1985, 1987 in Stolorow, 1991) and which have shown how intra-psychic phenomena must be understood in the context of the larger interactional systems in which they take shape (Stolorow, 1991). Various strands of psychoanalysis have developed an understanding of the construction of the self in relation to the other (Stolorow, 1991), and a number of concepts have been developed which highlight the importance of self-other interaction, such as Mitchell's (1988) 'relational model' and Modell's (1984) 'two-person psychology' (in Ogilvie & Ashmore, 1991). Two branches of psychoanalysis which have extensively explored self-other/intersubjective processes, are psychoanalytic developmental psychology and post-Kohut self psychology, and a brief mention is made of these below.

In the field of psychoanalytic developmental psychology, Sander (1985, 1987 in Stolorow, 1991) has developed the idea of the child-caregiver system as the regulator and organizer of the child's affective states. Stern (1985), has described the various senses of self which the child forms out of his interaction with self-regulating caregivers through the creation of internal representations of generalised interactions. Along a similar vein, Emde (1988 in Stolorow, 1991) has written about the child's internalisation of infant-caregiver relationship patterns. All of these authors include contextual factors in their conceptualisation of how intersubjective processes lead to the establishment of unconscious ordering principles, which form the building blocks of personality (Stolorow, Brandshaft & Atwood, 1987).

2.8. Self psychology

The self psychology theory developed by Kohut described how the interpersonal context in which we develop has a fundamental impact upon our self-development. Although he went on to provide a detailed description of the types of relationship needed to promote healthy development, he did not consider whether the ‘healthy’ sense of self which he envisaged was cross-culturally relevant, for instance in cultures where an individual’s healthy selfhood is based not upon personal goals and ambitions but upon collective ones. This gives some validity to the criticism that self psychology, like other branches of psychoanalysis, does not question its assumptions about what is normal development or ‘healthy’ attachment patterns (S. Swartz, 2000). However a way of overcoming this potential limitation is offered by self psychology’s particular emphasis on the therapist as an active participant in the therapeutic process. This is described below.

Self psychology has been a forerunner in developing the idea that the therapist is an active participant in therapy, and in highlighting the importance of the empathic stance of the therapist to the therapeutic process. With the growing acknowledgement of the importance of interpersonal processes in psychoanalysis, it had become difficult to retain the view of the therapist as a neutral presence (Mitchell & Black, 1995). There was therefore a shift away from therapist as interpreter, towards a more interactionist stance in which the therapist’s own constructed sense of self was believed to interact with and effect the client’s sense of self. Furthermore, in self psychology the individual’s sense of self is seen as the basic driving force of the personality, and it is with this that the therapist must engage by adopting an empathic stance in relation to that sense of self (Wolf, 1988). This was seen as involving not only the collection of data but also the process whereby the therapist enters the world of the client. According to Wolf, (1988): “For the psychoanalyst to have some ideas about an analysands inner experience, he must sense it by putting himself imaginatively, into another’s experience, that is, by vicarious introspection” (p.35).

Vicarious introspection in so far as it requires placing oneself imaginatively in the position of the other, was seen as allowing for an understanding of the many different ways in which individuals experience themselves and the world around them. More recently it has been suggested that self psychology theory offers a way to work with the complexities of

difference by virtue of its inclusion of empathic immersion in its therapeutic stance (S. Swartz, 2000). Empathic immersion allows for the patient's communication to be respected as that which is needed to understand his/her inner experience, and therefore requires that the therapist suspend his/her theoretical knowledge. In terms of cross-cultural self psychology psychotherapy, the implication is that the therapist would imagine what life has been like for his/her client, which would include, if pertinent to the client's self experience, his/her belonging to a culture which is different to that of the therapist.

Frosh (2002) has observed that psychoanalysis represents an approach which attempts to make sense of otherness by actively engaging with difference. This has a particular relevance to the self psychological perspective: the self psychologist, through adopting an empathic stance, allows him/herself to experience and be effected by the client's experience (Wolf, 1988), and this in turn provides insight into the client's subjective world. This process requires that the therapist be in touch with his/her own internal world as it is in the contact with one's own subjectivity that the basis for empathy lies (Teichholz, 1999 in S. Swartz, 2000). Thereafter, the client is given the opportunity to explore this inner experience with the therapist in a way which renders expressible what were previously inexpressible experiences. Frosh describes this process as one of "taking in something new in such a way that the inner world of the 'experiencing subject' is reconstituted" (2002, p.76). The therapist working cross-culturally, is also such an experiencing subject who within the therapeutic space, will have to engage with the meaning of difference by drawing on his/her own experiences and by resonating with the experiences of the other.

Self psychology's attention to the process of empathy accords with Ridley's (1995) recommendation that a stance of cultural empathy be taken in relation to cultural difference between therapist and client. By trying to get to the heart of the client's experience, the therapist can begin to avoid defensive racial dynamics, such as focussing on the meaning of racial difference even when this is not an issue pertinent to the patient. Furthermore, in response to the claim that the likelihood of misunderstandings between therapist and client are higher in cross-cultural psychotherapeutic contexts (Ridley, 1995), self psychology, because it emphasises the value of disruptions in the empathy process (Wolf, 1988), offers a way of working with those misunderstandings. According to self psychology theory, non-traumatic disruptions in the therapist's mirroring and idealising functions, after a basic

attunement has been achieved, is a necessary part of the healing process. This is because it allows the patient to gradually disengage from total reliance on the therapist for the fulfillment of selfobject needs, and instead begin to internalise self-regulatory functions (S. Swartz, 2000). The implications of this for cross-cultural self psychology psychotherapy are that once a basic level of trust has been established between therapist and patient, empathic failures in the context of cultural difference, if adequately discussed and processed, provide an opportunity for a deepening of the therapeutic relationship.

Furthermore, the process of engaging with and attempting to repair the rupture in the therapeutic relationship requires that patient and therapist engage in an authentic manner which explicitly acknowledges each of their contributions to the therapeutic dyad. When working cross-culturally, the promotion of authentic engagement and a sense of efficacy in the patient, are particularly important, especially in therapeutic contexts where economic and social disparity exists between patient and therapist, or at least between the patient's 'cultural' group and the therapist's 'cultural group'. Empathic ruptures may offer the opportunities needed for engaging with, and confronting, the underlying assumptions which client and therapist may be holding about each other.

Thus far, this very brief review of self psychology suggests that there is space within it to understand culture. However, it could be argued that there remains within self psychology the subtle underlying assumption that when empathic failure occurs, the therapist will be able to understand what the empathic failure was about, in other words to identify what it was that the client needed of the therapist which he/she did not receive at a given moment. In the context of cross-cultural psychotherapy however, membership of different worldviews and value systems, might make the issue of what 'should' have been received from the therapist at a given moment a confusing one. Unless the therapist is actively questioning his/her assumptions regarding what are optimal 'mothering' or self-esteem enhancing experiences in his/her own culture, there is a risk of imposing a particular world view on what the patient brings to the therapeutic relationship.

This in turn will effect what the therapist considers the appropriate therapeutic functions which she/he needs to fulfill for the client. For example, subscription to different value systems might effect the therapist's readiness to accept and affirm certain behaviours or attitudes which he/she does not share. The therapist operating from an individualistic

position might not as readily accept and affirm an adult client's continued use of a familial network to help problem-solve. Similarly, cultural differences might disproportionately affect the client's ability to trust the therapist. In the South African context racial differences might hinder or hasten that process in potentially unhelpful ways, where for example a black client is reluctant to trust in the strength and soothing-capacity of a white therapist.

2.9. Intersubjectivity

A response to some of these issues can be found however in the intersubjectivist approach which is inherent in self psychology. This approach considers how the therapeutic process is shaped by the meeting of two equally valid subjectivities and in this way looks at how broader contextual factors impact on subjectivity. The next part of this literature review focuses on how self psychology allows for a particular kind of intersubjective understanding which facilitates cross-cultural therapy.

Teicholz (1999 in S. Swartz, 2000) proposed that the basis of empathy lies in the therapist being in touch with his/her own inner subjective world as well as that of the patient's. She describes the empathic process as one wherein the therapist draws on his/her own range of experiences as part of the attunement to the patient's communications. Along similar lines, Schwaber (1990 in S. Swartz, 2000) describes how it is through discovering the mutuality of our experience with others, that we discover our individuality and theirs, since "the more we find our echoes of likeness, the more we enhance the possibility of locating our differences (p. 239 in S. Swartz, 2000). This kind of attention to the therapist's own subjective experience, opened a pathway to a consideration of the way in which the client-therapist interaction can be seen as the meeting of two subjective worlds of experience. This is an aspect of self psychology which has been elaborated upon by a number of intersubjectivist thinkers who have extended the inherent intersubjectivity of the self psychology perspective (Thomson, 1991).

Intersubjectivists, such as Stolorow & Atwood (1992) have developed a theory of the self as fluid, multi-dimensional and context-sensitive (Stolorow, Orange & Atwood, 1997). In their view, both patient and therapist co-create the self anew in each session, within "an intersubjective field-a system formed by the reciprocal interplay between two (or more) subjective worlds" (p.4). The subjective world to which these authors refer includes more

than the experiential territory of the 'self', and encompasses all aspects of experience such as trauma and conflict. This intersubjective approach pays a special attention to the way in which subtle changes in the therapist's presence are subjectively experienced by the patient (Thomson, 1991), and hence there is a close examination of moment-to-moment exchanges from the perspective of the client. Although a number of authors have identified - intersubjectivity as separate from self psychology and as constituting its own revolutionary paradigm (Mitchell & Black, 1995; Stolorow et al., 1997; Aaron, 1996 in S. Swartz, 2000), it has also been suggested that the intersubjectivist position is equivalent to the "stance of empathic enquiry" (Brandshaft & Stolorow, 1988 in Thomson, 1991) which Kohut first introduced (S. Swartz, 2000).

The question of whether the intersubjective stance of self psychology and the theory of intersubjectivity which authors such as Stolorow and Atwood describe, constitute separate paradigms is beyond the scope of this thesis. What remains significant to the present study is whether an intersubjectivist approach can shed light on the constructed nature of our subjective worlds, by its attention to the self as a fluid and context-sensitive phenomenon. This in turn opens up the way for a consideration of how individual's psyches/subjective worlds are not independent of social relations, but are significantly shaped by racial, cultural, gender, and class discourses (Levett, Kottler, Burman & Parker, 1997).

When working cross-culturally the need for therapists to be aware of the impact of their own subjective experience including conscious and unconscious prejudices and values, is all the more pertinent (Ridley, 1995). This is especially true of the South African context where the divides created by class, gender and racial dynamics, may limit what we are able to hear and our capacity to empathically immerse ourselves in a subjective world we know little or nothing about (S. Swartz, 2000). In this way the intersubjectivist approach is particularly suited to the cross-cultural psychotherapy context as there is room within the approach to question not only the impact of perceptions of cultural difference on understanding between individuals, but also to think about the discourses which informed the development of those perceptions. In the South African context where race continues to form an integral part of our identities (Levett et al. 1997), the value of an intersubjectivist stance is that it allows for a deeper understanding of how those identities interact and react in the intersubjective field.

Another implication of an intersubjectivist view is that it challenges therapists to constantly re-think and re-organize their assumption that the patient's sense of self is a more or less stable and enduring phenomenon. With regards to cross-cultural psychotherapy, the intersubjectivist position provides a broader framework within which to think and work cross-culturally, as the therapist is more likely to consider 'cultural identity' to be fluid, multi-dimensional and constructed. This relates to one of the aims of the present study which is to present the therapeutic context as one which potentially challenges and contradicts socially constructed phenomena. For instance, the issue of imposing a particular view of what a healthy sense of self requires, which was mentioned above, is likely to be thought about and questioned within the intersubjectivist approach. Similarly, the risk of unconsciously imposing upon patient's communications assumptions which are embedded in the therapist's theory regarding 'normal' development and 'healthy' selfhood is likely to be lowered, as the therapist considers the impact of his/her subjective world on the therapeutic encounter.

It has been argued that although an intersubjectivist stance sheds light on the impact of cultural difference on understanding between individuals, and in so doing points to the broader socio-cultural context which informed the development of those perceptions, this alone does not allow us to have a complete understanding of people's experiences of differences (Frosh, 2002). This is because there are aspects of our experience, including aspects pertaining to difference, which lie beyond discourse, and which lie beyond the words we have at our disposal to describe our experiences in therapy. It could be said that a psychoanalytic self psychology perspective, in so far as it relies on the exchange of words between client and therapist, can only imperfectly engage with difference. However psychoanalysis openly acknowledges that much of what it seeks to know will remain unconscious, and will hence remain imperfectly understood. It therefore organises itself around the "unsayable" (Frosh, 2002, p.148), and this inadvertently draws it closer to that which we are trying to understand, namely, that which lies behind the defenses we construct when we are confronted with difference.

2.10. Overview of chapter

This chapter briefly reviewed existing literature on cross-cultural psychiatry and psychotherapy, and highlighted social constructionist views on 'culture'. The usefulness of a

self psychology approach in trying to understand cultural difference was also reviewed, and it was found that it is a potentially valuable approach due to:

- 1) its adherence to an empathic stance which allows for a consideration of the significance of individuals' culture on the therapeutic relationship when relevant,
- 2) its inclusion of misunderstanding or empathic failures as part of therapeutic process,
- 3) its adherence to an intersubjective stance which sees the therapist-client interaction as the intersection of two subjectivities and,
- 4) its attention to the moment to moment exchanges between therapist and client in which subtle actions on the part of each influence the interaction in conscious and unconscious ways.

In conclusion, any effort to capture the way in which belonging to a particular culture impacts on therapist's and client's understanding of each other, needs to pay a very close attention to the micro-dynamic processes occurring between therapist and client. This is because it is likely to be in the subtle shifts and changes which occur in the moment to moment interaction, which hold the clues to understanding the role and impact of culture on the finding of understanding. The next part of this dissertation presents the case study as a method which is suited to detailing and exploring subtle micro-dynamic processes, and seeks to acknowledge that its interpretative conclusions are relative to the intersubjective context in which they are drawn (Stolorow & Atwood, 1984 in Stolorow, 1991).

CHAPTER THREE

METHODOLOGY

3.1. Outline of the chapter

This chapter introduces the use of the case study method which was used to research the impact of ‘cultural’ difference in the therapeutic space. The chapter goes on to describe the theoretical framework which motivated this choice of method, and highlights the relevance of this framework to a study on cultural difference. The final part of the chapter deals with the use of countertransference as a research tool, and concludes with some ethical considerations pertinent to the study.

3.2. The context of the study: the therapeutic relationship

The case study is based on the therapeutic relationship that took place between myself, a clinical psychologist-in-training, and a student who I have called Chris. The therapy began in March 2002, continues to the present day, and involves one-hour long sessions once weekly. The present study draws on the therapy sessions which took place between March 2002 and March 2003, comprising a total of 35 sessions. The reason behind this focus on the earlier sessions is explained below (section 3.7.). Apart from a month-long break in the therapy, as well as a few shorter holiday breaks, the therapy sessions took place regularly with very few changes to appointment times. For the first nine months, sessions took place at the Child Guidance Clinic where I was completing my first year of master’s studies in clinical psychology. Thereafter we moved our sessions to Groote Schuur Hospital where I was completing my internship year.

3.3. The case study method

The single case study method refers to both a method and process of enquiry in which there is an intensive study of a phenomenon (Stake, 2000). The phenomenon being studied may involve one or more individuals within a particular context, and an effort is made to capture the complexity of that single case (Stake, 2000). This method of research is one which

requires self-reflexivity, allows for qualitative depth and incorporates an attention to the research context, which includes the researcher as part of that context (Yin, 1984).

Despite the aforementioned qualities of the case study method, it has struggled to attain the status of other research methods (Yin, 1994). This is partly because it retains a narrow and in-depth focus which it has been argued, renders its findings non-generalisable (Stake, 2000). However this argument has been countered with the claim that case study findings can be generalised to theoretical propositions if not to other populations (Yin, 1994). So for instance although the ‘findings’ of the present study are not generalisable in a strict sense to other therapeutic relationships, it was hoped that the experience of cultural difference in the therapeutic space which was described, would broaden understanding of this issue in general. An underlying assumption of the study was that the process of reflecting on interpretations and trying to understand the “how and why” of cultural difference (Yin, 1994), could yield insights which could have relevance in other research and clinical contexts. This accorded with the theoretical framework of the present study, which is based on an interpretative as opposed to empiricist stance to research ‘findings’. The need to take an interpretative stance is especially pertinent in the context of this study, as the issue of cultural difference is not only one which is open to various interpretations, but it is also one in which self-reflection on those interpretations is required if underlying layers of meaning are to be uncovered. The next part of this chapter explores these issues in more detail.

3.4. Theoretical motivation for the case study method

According to hermeneutic principles, the information produced by researchers is based on an interpretation, or particular version of experience as opposed to constituting objectively verifiable ‘facts’ (Stake, 1995, 2000; Gibson, 2002). The usefulness of these interpretations is that they make sense of observations in a way which deepens our understanding of the topic of enquiry (Kincheloe & McLaren, 2000). This hermeneutic approach is relevant to a study on ‘cultural difference’ as it allows for a constructionist as opposed to empiricist view on the phenomenon of interest, while also remaining sensitive to the way in which the meanings generated by research evolve out of the particular intersubjectivist context made up by the researcher and the ‘research subject’ (Hollway & Jefferson, 2000).

An adherence to psychoanalytic research principles in the present study, provided a way of understanding more closely the intersubjectivist context mentioned above. Kohut (in Stolorow & Atwood, 1992) noted that self psychology, unlike traditional psychoanalysis, acknowledges the influence of the observer/analyst on the field of observation. Psychoanalytically-minded researchers have developed the concept that information yielded by research is filtered through individuals' fantasies and feelings, and this enriches rather than hinders, the finding of meaning (Gibson, 2002). Recent psychoanalytic writers such as Hollway and Jefferson (2000), have developed the idea of the impact of the researcher on the field of observation. More specifically, how the intersubjective dynamics between researcher and researched affect the meanings or interpretations which are arrived at in social research. With their concept of the "psychosocial subject" (p.23) they attempt to move away from traditional research traditions which have assumed that research subjects are rational, and from qualitative research traditions which have assumed that the research subject is aware of his/her actions and feelings and shares the same meanings/assumptions as the researcher. They acknowledge instead that individuals taking part in research are influenced by both psychic/intrapersonal and social influences, such as the systems of meaning (discourses) within which individuals live, intersubjective processes between individuals, and real events in the external world. In line with these views, the present study seeks to offer an account of the experience of a cross-cultural therapeutic relationship which was as transparent as possible, about the interpretations made, and which acknowledged the impact of unconscious dynamic processes on those interpretations.

3.5. The particular benefits and challenges posed by the case study method

The case study method has been described as useful in situations where the boundary between the phenomenon being investigated and the context are blurred (Yin, 1994). This is because it is a comprehensive research method which can attend to multiple sources of evidence (Yin, 1994). This was of particular relevance in the present study where the boundary between the phenomenon being studied, namely the impact of cultural difference, and the context, namely, the therapeutic relationship, was interrelated. In addition, the broader context of the therapeutic relationship, which was that of two students meeting on the grounds of a university campus, is likely to have had an impact upon that relationship. Our common student status and common study setting, not only played a role in our initiating the

therapy in the first place, but probably also effected our subsequent perceptions about cultural difference in ways which would have been different had we met in another context.

The attention to context which the case study method provides, has been extended to an attention to the researcher as part of the research context (Yin, 1994). The impact of the researcher on the presentation of case material has been described as inevitable as “case researchers, like others, pass along to readers some of their personal meanings of events and relationships and fail to pass along others” (Stake, 2000, p. 442). It is by thinking about the impact of the researcher that it becomes possible to address some of the concerns raised by some authors, that this method allows for researchers to conveniently structure case material in ways which ‘prove’ their unquestioned assumptions (Spence, 1982 in Gibson, 2002), which fit in with a clinical discourse which can then offer the ‘solution’ to the problem which the case has revealed (S. Swartz, 1996). A hermeneutic-psychoanalytic perspective tries to incorporate the inevitability of the researcher’s impact, by acknowledging how the interpretative lenses which researchers bring to the research material, are formed out of their cultural-ideological climate (Kincheloe & McLaren, 2000) and how those interpretative lens are shaped by their individual unconscious processes (Hollway & Jefferson, 2000). In the present study my decision to include certain aspects of case material and exclude others would have been shaped by my conscious and unconscious subjective experiences and would differ from another researcher’s position. In response to this, a stance of self-reflexivity and transparency about assumptions was adopted, in order to acknowledge as far as possible the influences on my interpretative lens, such as my personal experiences and training in psychology.

This stance proved difficult to maintain as at times, as the feelings and fantasies evoked by the potentially contentious issue of ‘culture’ and ‘difference’ may be anxiety-provoking for the researcher. The pull to act defensively in such instances can be understood in terms of Hollway & Jefferson’s (2000) concept of the ‘defended subject’ who tries to protect him/herself against painful feelings by defensively excluding these from awareness, through processes such as denial, projection and rationalisation. So for example, in the present study, when reviewing my process notes written after therapy sessions which had taken place at the start of our therapeutic relationship, I came across assumptions which I had initially held about difference and which I had subsequently changed and about which I felt uncomfortable. The challenge lay in not disowning these assumptions and including them in the analysis.

The next part of this chapter describes the way in which the aforementioned defensive processes were included as part of the research process.

3.6. Using countertransference as a research tool

The present study operated from the premise that the impact of the researcher on the research material was not something to be avoided, but that a close scrutiny of that impact could in fact deepen understanding. If it is accepted that there are no objective ‘truths’ to be found in this type of research and that the researcher weaves a particular narrative out of case material, then asking questions about why a narrative was constructed in its particular way, may begin to answer questions about the phenomenon being studied. In this study for example, my decision to frame the research question around the issue of ‘difference’ and its effect on therapeutic understanding, begins to reveal something about my construction of ‘difference’ as something which is unwelcome and potentially problematic. This in itself begins to reveal an important aspect of the research phenomenon, namely the negative connotations of ‘difference’, and shows how by questioning the very questions which we ask, we begin to learn about the topic of interest (Yin, 1994).

In this study the use of countertransference as a research tool operated in two ways: in the first instance, the study incorporated those countertransference reactions which had taken place during the therapy. In some instances these had been evident to me at the time of my writing process notes after the therapy sessions, and hence were explicitly stated in the notes. In other instances, they were only evident to me later as I looked back on the therapeutic interactions and observed my reactions from a position of hindsight. The belated observations of countertransference reactions were then added to the process notes. These countertransference reactions provided vital clues to underlying conflicts pertaining to difference and were prioritised during the analysis of case material.

The second way in which countertransference was used as a research tool began to operate once I returned to the notes a second time, this time treating the notes as the case material which I would analyse. I read through the process notes written after the sessions, with a particular attention to those moments of therapy where I had felt confused or uncertain, where it felt as if the communication between therapist and client had broken down, and where the notes tended to become a bit vague in their description of the therapy process. In

addition, I made a point of identifying those points in my reading of the notes where I wanted to skip ahead in order to avoid remembering a particular moment in the therapy. In these ways, I could begin to locate those moments of therapy in which unconscious conflicts might have been mobilised, and thereafter to assess whether they pertained to perceptions of difference between us. For example, as I sifted through the notes, I became aware that there were aspects of our interactions about which I felt ashamed or confused, and tended to want to exclude from the analysis. These countertransference reactions were then used as a tool to alert me to pay special attention to that aspect of the material that I wanted to avoid scrutinising and making 'public'. By becoming aware of those aspects of our interactions I least wanted to acknowledge, I could begin to locate possible areas of unconscious conflict, and thereafter to explore to what extent if any, cultural difference was playing a role in the conflict. This accorded with the psychoanalytic-research stance which acknowledges how the researcher's own thoughts and fantasies impact on intersubjective processes between researcher and researched (Hollway & Jefferson, 2000), and which sees this as enriching rather than hindering the research process (Gibson, 2002).

After identifying those moments of the therapeutic process in which communication seemed to have broken down, and/or where uncomfortable feelings had been aroused, those identified moments were grouped into themes. The three most prominent themes which were selected for use in the analysis were:

- 1) The role of language in the finding of understanding
- 2) The development of a shared understanding of feeling states
- 3) Finding understanding in the context of different world views.

These are described more fully in the next chapter.

3.7. The case material

As mentioned above, the case material was comprised of the process notes written after the first thirty-five sessions attended by therapist and client. The process notes comprised seventy-eight pages in total. I decided to focus on the first thirty-five sessions as these had taken place before I made the decision to use this therapy case for research purposes. This was felt to be important as it is likely that for as long as I was unaware that I would later be

analysing the therapeutic relationship for research purposes, the impact of perceived difference on therapeutic understanding was at its highest and the defences erected to cope with this, more deeply unconscious. My way of thinking about 'cultural difference' inevitably changed once I had a research interest in the case, as a new layer of meaning began to be added to each of our exchanges.

In addition, my written records of the sessions were influenced by the fact that they were open to the scrutiny of both an internal and external supervisor.² This was a scrutiny which felt particularly intense as I this was my first long-term therapy client. With regards to my external supervisor, I attended supervision on this case once weekly and changed supervisors with the start of my internship year. Initially my concern with appearing competent, which at that time I took to mean being able to 'understand' as much as possible, shaped the way in which I wrote process notes and lead me to want to focus on those aspects of the therapy where I felt I had demonstrated therapeutic skill, and to want to avoid the more confusing and uncertain aspects of our exchanges. This would gradually change as I came to see supervision as a space in which to safely explore the borders of my conscious and unconscious assumptions about difference, and other issues about which I felt less comfortable.

With regards to an internal supervisor, S. Swartz (1996) has noted that process notes are always at least implicitly directed at a professional audience which subscribes to particular psychological theories about human experiences. In the case of the present study, my notes written after sessions held implicit assumptions about this client's personality functioning, his childhood development and the potential for therapeutic change which this allowed. Even before the writing of the notes, my subscription to these theories informed the way in which I heard his communications about his experiences. This in turn influenced my perceptions of the differences between us. By being as self-reflexive as possible about the kinds of assumptions that I held, an attempt was made to acknowledge their impact. As was mentioned above with regards to countertransference, this became in, and of itself, part of the material to be analysed and was used to enrich the study.

² My external supervisor was a clinical psychologist who assisted me in developing my understanding of the case by sharing her psychotherapeutic skills and experience. By 'internal supervisor' I am referring to my internalised mental representation of this experience of an external supervisor.

3.8. Ethical considerations

A final consideration will be given to ethical issues before concluding this chapter. Written permission to use clinical material for research purposes had been given by the client to the Child Guidance Clinic, at the start of our therapeutic relationship. When the final decision was taken to write this thesis, I considered clarifying consent so as to avoid the potential abuse of my easy access, as a psychology intern, to ‘using’ a client for research. This was felt to be especially pertinent in the light of the way in which in the past psychology has been involved in “knowledge production” (Levett et al., 1997) which has been supportive of traditional systems of privilege. However, I was almost certain that were I to raise the issue in therapy that it would negatively effect our therapeutic relationship. When faced with the two unpleasant options of either potentially abusing my position as a psychology intern to ‘do research’, or jeopardising a therapeutic relationship, I considered abandoning the research topic. However a strong wish to deepen my understanding of this case and to share that experience, culminated in the compromise of doing the study but completely changing all of the client’s personal information. Since the focus was on cultural difference and not on the construction of a clinical discourse about this individual, it was felt that this would not jeopardise the validity of this study, and that any such loss would be outweighed by the importance of protecting the therapeutic relationship.

CHAPTER FOUR

CASE STUDY AND DISCUSSION

4.1. Overview of the chapter

The focus of this chapter is on moments of missed and found understanding, of empathic rupture and resolution, which occurred during the course of the therapeutic relationship described in this study. The chapter is divided into two main sections: the first section provides a description of the cultural context of both therapist and client, and of the experiences which shaped each of our “subjective worlds”³ (Stolorow & Atwood, 1992). This is pertinent as it was in the interplay between those two subjective worlds that understanding would be lost and found. The second section draws on unfolding therapy process and focuses on those moments where understanding seemed to be lost and was then regained. The empathic ruptures and subsequent efforts to repair them, are understood within the context of the ‘difference’, real and imagined, which existed between therapist and client. The discussion aims to show how the perception of ‘difference’ affected the finding of understanding, through its impact on the capacity for empathy, that is, the capacity to place oneself imaginatively into the experience of the other.

Teichholz (1998) has noted that it is through discovering the mutuality of our experience with others that we discover our individuality and theirs, as “the more we find echoes of our likeness, the more we enhance the possibility of locating our difference” (p.239 in S. Swartz, 2000). This process seemed at times to be reversed in the therapeutic relationship described in this thesis, as the more attention was focused (often unconsciously) on the difference between therapist and client, the smaller the possibility of locating our sameness seemed to become, and hence the harder the capacity to empathise.

Self psychology theory highlights the importance of the therapist being in touch with his/her subjective experience, as well as the client’s, as this influences and informs the empathic process in subtle ways. This discussion will therefore also offer an analysis of moments of

³ The term ‘subjective world’ is used in the intersubjectivist sense to refer not only to the subjective experience of self but to all aspects of experience, including those aspects of our histories related to culture and difference.

missed understanding from an intersubjectivist position, which acknowledges the ongoing and mutual interplay between the subjectivities of both therapist and client (Stolorow & Atwood, 1992). It should become apparent how unconscious assumptions resulting from perceived differences between the client and myself, especially in relation to race and gender, lead to particular co-constructions of meaning which made the finding of understanding between us difficult at times.

4.2. Outline of the analysis

The analysis draws on selected moments of therapist-client interactions in order to illustrate the breaks in understanding between the client and myself as well as subsequent efforts to resolve those breaks. The selected material is presented according to three themes:

- 1) the role of language in the finding of understanding,
- 2) the development of a shared understanding of feeling states,
- 3) finding understanding in the context of different world views,

Working with these three themes, the analysis explores to what extent a psychoanalytic self psychology perspective allows two culturally different individuals to find understanding. The following four aspects of self psychology were identified as potential avenues to finding such an understanding and were therefore opened up for exploration:

- 1) self psychology's adherence to an empathic stance which allows for a consideration of the significance of individuals' culture on the therapeutic relationship when relevant,
- 2) the inclusion in self psychology of misunderstanding or empathic failures as part of the therapeutic process,
- 3) the adherence to an intersubjective stance which sees the therapist-client interaction as the intersection of two subjectivities and,
- 4) the attention to the moment-to-moment exchanges between therapist and client in which meanings are subtly affected by the therapist's post as someone within, as opposed to outside, the client's subjective frame of reference (Thomson, 1991).

4.3. The participants in cultural context

4.3.1 The subjective world of the client

Chris⁴ is a twenty-six year old African student who moved to the Western Cape six years ago in order to pursue a career in physiotherapy. His family of origin is from a small village in the Eastern Cape. He was born to an eighteen-year-old woman, Patricia, while she was in her last year of high school. According to Chris⁵, conflict between his biological father and maternal grandparents prevented his parents from marrying, and his father abandoned them when Chris was a few months old. Shortly thereafter his mother moved to the nearest city to find work, leaving him in the care of her younger sister, who was herself of school-going age, for about six years. This was necessary as all the other adult members of Chris' family had moved away from the village in order to find work. When Chris was six years old his grandparents returned to live in their village on a permanent basis, and he remained in their care until he left high school. This kind of experience of relocation to the cities in order to escape the poverty and joblessness of rural areas, is a common occurrence among black South Africans (L. Swartz, 1998), and in many cases has necessitated the separation of children from their primary caregiving system.

Chris described how he strove to excel at school and was strongly encouraged by his grandmother to be have high career aspirations. He received affirmation for his academic successes from his grandmother who openly referred to him as her favourite grandchild. According to Chris, his grandfather was jealous of the attention that he received and this became a source of conflict between the grandparents. For a period of two years, from when Chris was about fourteen until when he was sixteen, his grandfather abused alcohol and would demand that Chris leave the home during periodic drunken rages. On these occasions Chris would have to take refuge with neighbours until his grandfather calmed down. He describes how while he was growing up, his mother paid him little attention. She continued to live and work away from the village home, and married and had a second child when Chris was about twelve. Thereafter her interest in him seemed to dwindle even further and he saw

⁴Like his real name, this western pseudonym illustrates the practice of substituting African names for 'white-sounding' names. This can be understood in terms of the prioritisation of 'white' language over 'black' language[s] (Kleintjes, 1991).

⁵This description of Chris' subjective world is based on Chris' verbal accounts of his experiences, and hence is based on his own personal interpretations of those events.

her only once or twice a year. When he was in matric Patricia returned to their village with her husband and Chris' step-sister, and invited him to live with them. His grandparents would not acknowledge Patricia's husband nor their daughter, and strongly dissuaded Chris from responding to her efforts. Despite this, Patricia continued to try to regain a maternal influence in Chris' life, and he describes this as an effort, which is ongoing. She has helped finance his university studies and is very involved in trying to find him a wife. Chris returns to his home village a few times each year but since the death of his grandmother he reports that he no longer feels welcome in the grand-maternal home. Her death was a major loss to Chris and it was in the months following her death that he first sought help for his problems with anxiety. On his last two visits home, Chris has accepted his mother's invitation to stay with her. More recently he has begun to express his appreciation and need of the mothering role she plays.

Chris described long-standing difficulties in forming and maintaining peer relationships. This started with his being bullied at school, and has continued into his university career where he frequently suffers humiliation at the hands of peers who comment on his physical appearance, his very limited socialising and the absence of a partner in his life. Chris' low self-esteem have made him extremely sensitive to these criticisms and led to his misinterpreting neutral comments as being demeaning. Not feeling able to verbally counter-act these 'attacks upon his self-worth, Chris has tended to withdraw in order to avoid further potential humiliation. Consequently, he has remained in an isolated position which does not allow for the challenging of his suspicions about others' motives, which he believes are aimed at rendering him powerless. This has extended to his personal relationships with women, where he sees himself as fluctuating between wanting and needing a partner, yet fearing being harmed/ridiculed through involvement with women.

In an attempt to escape the afore-mentioned personal and social problems, Chris has focussed on establishing himself in a professional career. This offers him the long-term solution of achieving the kind of status and respect accorded to professionals, and hence escaping his position of powerlessness and vulnerability to others' criticisms. Yet his low self-esteem also makes him susceptible to frequently doubting his competence and fearing that he will not achieve this goal.

The above presentation of Chris' background history, has prioritized certain aspects of his history over others. The decision of what to include was influenced at least partly, by my assumptions about what falls within a range of usual and/or expectable life experiences and what falls outside of this range. So, for example, my white middle class upbringing and training in psychology lead me to focus on and problematise the separation from his mother. In the therapeutic relationship, my first reaction to hearing about his being looked after by young members of his extended family and having to go through periods of separation from his mother, was to consider that this might have had a negative impact upon his emotional development (Winnicott, 1988). Yet as the understanding between us gradually expanded, it became apparent that in the context of his village where most children had parents who lived and worked far away, Chris' experience of separation from his mother was 'normal' (Richter, 1994). This opened up the way to an understanding that it was also the difficulties in his peer relationships, and the absence of supportive male care-givers, which had been key factors in undermining Chris' development of self-esteem. Similarly, I gradually came to see his problem adjusting to peer relationships at university as part of a general phenomenon which has been identified among black students who come from disadvantaged educational and socio-economic backgrounds (Sennett, 2000), and not just due to Chris' own interpersonal dynamics. A number of authors have commented on how the educational and socio-economic disadvantage of many black students impacts negatively on their capacity to cope with change, their self-esteem and preparedness for university education (Honikman, 1982; Kagee, Naidoo & Mahatey, 1997; Warren, 1997; Tredoux, 1999 in Sennett, 2000).

In this way I began to re-consider my initial notions about various aspects of Chris' development, and to question the way in which I had focused on those aspects of Chris' history, which according to the theories I subscribe to, explained his problems in adulthood with anxiety and social relationships. I was therefore alerted to the fact that the way in which I arranged and presented Chris' history was influenced by my position within a psychological/psychiatric discourse which constructs identities in ways which it can then explain and treat (S. Swartz, 1996), and that a particular kind of meaning had been generated out of the interaction between my subjective world and Chris' subjective world. Before moving on to describe that interaction in more detail, a description of some aspects of my subjective world is given below.

4.3.2. The subjective world of the therapist

My subjective world has been shaped in significant ways by being raised in a white middle-class family, being of Portuguese origin, attending a convent school for twelve years, studying psychology at university, and living and studying in Britain for a couple of years. My earlier experiences both at home and at school, included being exposed to and part of a discourse which constructed women as 'different to' and 'less than' men. Although this was later problematised at university and when, upon leaving South Africa, I encountered more 'feminist' views, there are instances where my perception of womanhood continues to be constrained by the earlier ideas and has an effect on my identity as a female therapist-in-training.

In terms of race, growing up as a white South African during the last years of a governing apartheid government, and having attended what was called a 'multi-racial' school (although the majority of pupils were 'white'), meant my environmental circumstances led me to question what it meant to be white from an early age. I was aware from a young age, that in some ways I occupied a privileged position in comparison to 'coloured' and 'black' individuals, for example in terms of the area in which I lived. Yet as a Portuguese South African I was also aware of occupying a less privileged post in comparison to other 'white' individuals, for instance in terms of the status conferred on them by their parent's professional backgrounds, a status that my parents did not have.

Attending university and studying psychology provided an opportunity to think about and to some extent talk about, these differences, although within the constraints of shame about my Portuguese identity and guilt about 'white' identity. At university as my awareness of the extent of racist thinking grew, so to did my level of discomfort with being 'white'. Going to live in Britain, where I felt less conscious of my 'whiteness', came as a welcome relief and led to my greater acceptance of this aspect of my identity. Yet upon returning to South Africa and continuing with postgraduate studies in psychology, the effects of race issues once again occupied a central place. After working with families and individuals where it seemed that perceptions about race were playing an unspoken role, I felt motivated to write about what racial difference has meant for me in a South African therapeutic context.

4.4. Analysis

4.4.1. Language and missed understandings

This first part of the analysis traces the role of language in the perception of cultural difference, and explores how this impacts on the therapeutic relationship. It shows how breaks in understanding due to a language barrier, and due to the limitations of language in symbolising experience (Frosh, 2002), led to empathic ruptures. The way in which these empathic ruptures were understood and dealt with is explained below.

From the outset I found it difficult to understand all of Chris' verbal communications, as English was not his first language. His strong accent, and relatively limited vocabulary when speaking English, and my complete inability to speak his first language, isiXhosa, made communication between us very difficult at times. Chris had also presented as someone who was very concerned with being negatively judged by others. This was evident in the themes of the experiences he brought to therapy, such as being ridiculed by peers and by prospective female partners. In our second session he commented that his difficulty speaking English increased when he felt anxious, and it seemed to me that Chris' concern with negative evaluation by others, included a fear of having his way of communicating ridiculed.

Having mostly unconsciously sensed Chris' anxiety around this issue, I felt uncomfortable about drawing attention to the communication difficulty. Initially I was not entirely aware of why I felt this way, and considered that it might be due to some kind of underlying 'racial' issue that I needed to think through before I raised it in the therapy. One of my fears was that by openly stating that I could not always understand Chris when he spoke, he would think I was implying that he was somehow 'inferior'. My feelings of guilt as a white South African, having grown up witnessing discrimination against black people, had made me very sensitive to pointing out 'difference', and left me wanting to distance myself from potentially racist thinking or remarks. This phenomenon of choosing as a white person to ignore the difference between one's self and a person from another cultural background so as to avoid appearing racist and preserve a connection, has been identified in the South African mental health context by Gibson, Swartz & Sandenbergh (2002). These authors explain this kind of defensive denial of difference in terms of a desire to distance oneself from our long history of institutionalised prejudice and racism, where a focus on difference served to legitimate the oppression of black people.

My preoccupation with this internal conflict about appearing racist, took place at the expense of remaining empathically attuned to Chris' subjective experience. When he made comments about his 'poor' English, I failed to respond and hoped to convey by my silence the message that I did not agree that his English-speaking ability was poor. It seemed safer to hide the difficulty I was having, pretend there was no difference in our English-speaking abilities, and avoid asking for clarification when confused. Gibson et al. (2002) have also noted that in contexts where differences between people have been used to legitimate oppressive practices, there is often a pretense at understanding the impact of those differences. Rather than admit to the fact that the considerable disparities which may exist between people's experiences do in fact make understanding very difficult at times, there is an attempt to bridge that uncomfortable distance with an assumption of 'knowledge' about what the experience of the 'other' must be like. In the context of the present study, this kind of pretense led to my not asking for clarification when I was confused. The connection between us would then break, I would lose track of the plot of his narrative and begin to feel confused by details which were not making sense. This is illustrated in the following extract from session 7, in which Chris was describing a relationship experience he had during his second year of university.

C: Did I tell you before about Vuya? When I was at the university before?

E: Was that the woman you had a relationship with ?

C: Yes, yes...aah...that was another thing you know...It was off and on, off and on. I did not make any moves. She decided. She had another boyfriend who lived in Johannesburg, no, was it Johannesburg? I think it was some other place. She was using me for other reasons... She made me feel very bad but I could not get out (pauses). I don't know how to explain this thing (pauses while gazing upwards). I tried my best to end it. Then again and same thing happens. If I do not visit this lady now, her friends will come to me "Chris why you don't visit this lady?" I must do this thing, but it was a pressure you know? It was like before, that time, this lady was demoralising me (maintains brief eye contact then looks at the floor).

Reflection: I am uncertain whether Chris is referring to one or two women, nor is it clear what happened between Chris and Vuya, but I can sense that he is describing a deeply painful and shaming issue, and am hesitant to ask him to go back and explain in more detail. Instead I opt to give a broad reflection of what he has said.

E: It sounds like it was a very difficult experience.

C: Yes (silence follows).

Reflection: I feel lost and confused and consider that Chris is also feeling this way.

The extract shows how the co-occurrence of confusing communication on the one hand, and my concern about making Chris feel inferior about what I experienced as his poor

communication on the other hand, made finding a pathway to understanding Chris difficult. This kind of break in understanding can also be explained by Ridley's (1995) concept of "cultural ambivalence". He describes a defensive racial dynamic whereby the therapist is alienated from the client's psychological reality, because he/she is focussed instead on internal conflicts about race. Although the above exchange can be understood in the light of what I believed to be a needed sensitivity to Chris' shame dynamics, so as avoid making him feel negatively judged and hence to avoid empathic failure, what was missing was my authentic response to his communication difficulty. Part of what made giving an authentic response difficult, was my own defensive stance as I tried to avoid experiencing unresolved guilt about my white identity in relation to a black client. This process can be seen as a demonstration of Hollway & Jefferson's (2000) notion that the intersubjective dynamics between the researcher and the researched influence the meanings which are arrived at in research. Had Chris been a 'white' client, I would not have been preoccupied with these feelings about my identity.

As a way out of this deadlock, but still not feeling it was appropriate to tackle the language issue head-on, I began to try to deepen the understanding and rapport between us, by expanding on the concepts he brought into the therapy space. When Chris would use a particular word, I would offer what I hoped was an equivalent word as a means of expanding our field of communication. Yet this seemed to be backfiring as Chris' ready agreement with anything I suggested felt inauthentic. I began to wonder whether he was merely pretending to understand what I had said at times so that we could move out of the communication tangles in which we found ourselves. The following extract from my file notes illustrates the awareness I had early on in the therapy about our capacity to misunderstand each other's words:

When I explored the use of the term 'demoralised' which he has used a few times, he struggled to explain what it meant. I suggested that it might mean not being valued or appreciated. Chris hesitated for a few moments before agreeing this is what he had meant. But I find myself wondering whether I am really understanding his experience... I feel as if he was agreeing with my words in order to be polite or just move on out of that difficult space.

It therefore seemed wiser to wait for the meaning of his words to gradually become clearer and to avoid offering my own meanings of the words he used, or in other words, to 'forget' my meanings of words for a time as I submerged myself in Chris' 'language world'. The word "demoralised" continued to be a key concept which was frequently used by Chris to

describe negative feelings about himself. By focussing on when and how he used this word over a number of sessions, I gathered that it referred to his core negative feeling of shame at the hands of others who either completely disregard his needs or publicly humiliate him. Eventually feeling brave enough, I ventured to use this highly sensitized word in session 15, after Chris had described his humiliation at the hands of a friend, Robert. He had gone to visit this friend who had previously been a major and rare source of support, at his new home near Chris' home village:

C: Robert was asking me about my course...then he said to me that if I don't pass my course it's fine because I have my first degree...(shakes his head). He is working now and for him university is not important any longer.

E: So it was like he didn't remember how important this course is to you.

C: (nods) He's got money now, a job, a car, a girlfriend, he is too busy to spend time...On Saturday we went to his place. He made my bed on the couch, I was watching the television till late. They went into the room early. Even then I thought I must find my family... to stay there.

E: It sounds like there were a few things which happened during your visit with Robert which made you feel that he was no longer treating you with the respect you used to share in your relationship.

C: (nods) I thought I must take him down into his place

E: It sounds like he had made you feel demoralised?

(Chris raises his eyebrows and I wonder whether I have said the wrong thing)

C: He is different. I won't visit him again.

Later in the session he repeated the word:

C: That visit broke my confidence, it was demoralising you know?

Chris' initial reaction alerted me to the importance of continuing to proceed slowly in taking steps to find a common language, particularly in the light of the centrality of his shameful feelings. At times this felt like a no-win situation as when I used my own words, there was a danger of losing understanding and connection, yet using the words that Chris used ran the risk of assuming too much. For example although he would use the word "sick" to describe feelings of anger, I avoided using this word because Chris had referred to it as a "swear-word" only to be used on rare occasions and would apologise to me when using it. This process of deciding which meanings would be assigned to which words, alerted me to the fact that I had not been questioning the interpretations of the words I used, and that I had been simply assuming that Chris shared in those meanings. Similarly, at times it was evident that Chris assumed that I shared his understanding of what a word meant even when this was not

the case. For example he would describe “proposing to ladies” which I initially took to mean that he was asking women to marry him until I realised that by this he meant showing interest in dating someone. In addition Chris’ use of the term “lady” evoked a particular emotional response in me which for a time, effected how I heard his communications about women. This had to do with my dislike of the term “lady” which I associate with positioning women as weak and inferior to men (Bhavanani & Phoenix, 1994). Even though I was almost certain this Chris did not mean to convey this message about women, it was several weeks before I ‘heard’ the term in the same way that Chris did. This illustrated how it was not just racial difference but also the gender difference between us that played a role in our different understandings. This was an area which later became more salient and is dealt with in the third part of this analysis. The language barrier between Chris and myself had therefore made it increasingly clear that words do not merely describe reality in any unproblematic way, and suggested instead that the language that we use is embedded in mutually agreed upon social practices (Potter, 1996 in Schwandt, 2000; Gergen & Gergen, 2000). It seemed that we could not rely upon the fact that our subjective experiences were similar enough to have allowed us to develop the same understanding of what different words meant, and that therefore we would have to find an alternative pathway to understanding.

The way in which the word “demoralised” came to be used in the therapy, provides an example of such an alternate pathway. It illustrates how through a process of mutual negotiation of meaning, we could begin to create and share new meanings. In order to do so we had to be prepared to bring, and to periodically suspend, parts of our subjective worlds of experience, in the therapy. This illustrates Hollway & Jefferson’s (2000) point that in qualitative research, meanings evolve out of the particular intersubjectivist context made up by the researcher and the research participant, and are not objectively ‘found’ by the researcher.

As our therapeutic relationship progressed, Chris’ fluency in English seemed to improve dramatically, leading me to wonder whether there had ever been a language difficulty in the first place. The following extract from my file notes written after session 17 reflects the beginning of my questioning of the notion that the communication difficulty was simply a matter of language fluency.

Chris' was easy to understand today. Perhaps on other occasions where I have put confusion down to language difficulty, it might actually be arising from anxiety and mental confusion.

The extract illustrates the emerging awareness that perhaps my anxiety about race had led me to foreground the role of language in trying to make sense of what felt like broken communication. Other therapeutic tools which could have been used to try to make sense of those moments of broken communication, such as the use of empathic attunement to feelings and content, were under-utilised for as long as the focus remained on language. In fact a link between being able to speak English fluently and his level of anxiety, had been made by Chris in our second session together. Yet because of my focus on language fluency, it was only after several occasions of actually experiencing this link between low anxiety and greater fluency, and high anxiety and less fluency in the sessions, that I understood what he meant. Seeing Chris' fluency in English within the context of his anxiety, rather than within the context of his skill/ability, had a significant influence on our relationship as it lessened the sense of guilt for me around the issue of language. It consequently became easier for me to ask Chris for clarification following misunderstanding and for him to ask me to repeat myself when he was unsure of what I was asking. This is illustrated in the following extract where Chris describes a conversation with an acquaintance which left him feeling confused:

C: Another thing, it was on Tuesday, no, Wednesday, after my tutorial, this guy came to me in the library. I know him from last year. He had a very serious look on his face. He says: "Chris, you must help Andile tomorrow". Actually I don't really know this guy who is approaching me but I cannot argue. Hey, his face he was serious you know. He does not like me I think.

E: What was the name of the guy who approached you in the library?

C: You mean the one who asked me to help Andile?

E: Yes.

C: His name is Sipho.

E: Can you say that again?

C: Sipho.

E: Sipho. Why do you think Sipho doesn't like you?

C: I think he blames for what happened last year. I was borrowing him my book and then when I took it back he failed his test. Then he stops greeting me, it's like I made him to fail, he won't look me in the eye. I feel bad you know. I know what it is like to fall behind in the course and I want to help this guy but I must focus.

E: Do you mean you want to help the guy Sipho asked you to help.

C: Yes

E: What is his name again?

C: Sipho?

E: No, the other one.

C: Andile?

E: Yes.

C: I wish I could help Andile but I have my own mountain in front of me.

My acknowledgment of the breaks in communication introduced a greater sense of authenticity into our interaction. I felt relieved to be able to admit when I did not understand, and by dropping the pretence I not only felt more 'real' in the room but was also more able to empathically connect to Chris. Brandshaft & Stolorow (1988 in Thomson, 1991) explain this process as the therapist's abandonment of the claim to knowledge, in order to adopt a more vulnerable position in which it is acknowledged that the therapist does not 'know' more than the client.

As I became braver about asking Chris questions, new details of his life such as the names of the people he knew, entered our communication. When I tried to remember and repeat the names of the people he mentioned, often unsuccessfully, I became aware of another deeper and previously unconscious layer of shame which had been preventing me from making room in the therapy for words which stood outside the English language. Reflecting on this after one of our sessions I wrote:

I had asked Chris to give the names of everyone he spoke about and was then concerned whether I would be able to pronounce them or not. It is clear to me now how in the past I have avoided asking for African people's names because I have felt embarrassed that I will not pronounce them correctly or that I will forget them.

I had been restricting our communication to English so as avoid the discomfort of feeling incompetent in my ability to speak a language. Gradually, in an effort to convey the message to Chris that I did not consider his language inferior, I tried to modify this, and by so doing, I was able to obtain some insight into what it feels like to lose the power which comes with being proficient in a language. Even this slight move away from using English exclusively in the therapy, posed a threat to my sense of myself as a competent psychologist, a position I was reluctant to give up. This was particularly threatening as it interacted with my anxieties as a beginner therapist who wanted to present herself as knowledgeable. Kleintjes (1991) describes a similar kind of experience from the perspective of black psychologists where:

“Being labelled by the language you speak or the manner in which you speak it, evokes all of the associations connected with blackness, and these associations then invade the interactional space between the people conversing” (p.26). Whereas a white or black psychologist speaking English may evoke associations of competence, a white or black psychologist slipping out of English, may lose some of that association with competence. Swartz & Drennan (2000) have also commented on this issue in the context of South African psychiatric services and the striking absence of professionals who can speak languages other than English. They describe the defensive potential in not being able to understand on a literal level the experiences of black individuals so as to avoid being overwhelmed by their needs. Although this defensive dynamic might not have been operating in this particular therapeutic relationship, it did seem to be a remnant of many other occasions where I had been reluctant to understand ‘other’ African languages so as to avoid the guilt which I might feel if I heard about the experiences of black South Africans. This ignoring of black languages can be seen as an example of Ridley’s (1995) concept of “culture blindness” whereby obvious differences between people are defensively ignored.

Converging feelings of shame and power in relation to language such as those described above had perhaps been clouding our understanding of each other for as long as they remained ‘hidden’. Once they began to be exposed, our relationship and empathic connection deepened, and after about twenty sessions, Chris started discussing his feelings about his lack of adequate schooling in English. This was the entry point into his raising other aspects of his personal history of which he was ashamed, such as the fact that in his perception, he was different to many other black students at his university who did not come from a poor rural background. The higher status accorded to black people coming from urban as opposed to rural areas has been noted by authors such as Kleintjes (1991) and Kapp (1998 in Sennett, 2000), and was an aspect of black people’s experience which came to be more openly included in our therapeutic relationship. Chris described how not being able to speak English very well was an obvious sign of his having received inferior rural schooling. A way of measuring whether he was ‘making it’ at university and proving his worth despite his previous disadvantage, was to look at his progress in improving his English-speaking ability. In this way his felt ability to speak English was closely tied to his feelings of shame regarding his potential failure as a student.

This phenomenon has been identified as featuring prominently among black students at white universities (Kleintjes, 1991). The determination to master the English language which was demonstrated by Chris, has been described as part of an attempt to move out of a position of powerlessness and to gain access to the power held by English-speakers (Kleintjes, 1991). For my own part I could now understand my feelings of shame about being able to speak English well, in terms of a political history in which my status as a white person had guaranteed me a privileged education. I had chosen to pretend that my English-speaking ability was no better than Chris' so as to distance myself from that history and from the power that it continued to give me, a power which I both did and did not want.

It was also true that my struggle to understand Chris' communications in English had led to my holding prejudicial assumptions about his capacity for an in-depth psychotherapeutic relationship which would rely on verbal interpretations. This assumption can be at least partly understood to be derived from a psychoanalytic discourse which relies on language to explain, identify and ultimately eliminate symptoms through a 'talking cure' (Swartz & Drennan, 2000). My unquestioning participation in this discourse had led me to conflate emotional insight and proficiency in English, until I began to question my underlying notions that fluency in English is a sign of sophistication and an ability to think abstractly. This is seen in the notes written after our first two sessions:

On the one hand it felt easy to talk but on the other hand it felt difficult to obtain depth. I am not sure how much of this is a communication problem as English is not Chris' first language. I am very aware of my identity as white and a woman in the room; this is also probably affecting my sense of difficulty communicating.

I am still wondering about Chris' ability to look at painful unconscious material....Is this due to my own prejudice which is seeing a language difficulty as insurmountable? How much language do we need to connect to another person?

After about twenty sessions, it was clear that not only was it possible to obtain "depth" and to connect to another person when language difficulties exist, but that language differences can enrich the therapeutic relationship. Chris began to bring more of his mother-tongue language into the sessions. On a few occasions he commented that he could not express what he really wanted to say in English and I encouraged him to give as close a translation as possible of the word or phrase from his mother tongue. The extract below is from a session in which Chris described his feelings of humiliation in relation to his peers. He had felt "small" when one of his peers intervened on his behalf after a student had spoken to him disrespectfully. Chris

had wanted to ignore the student who had spoken to him disrespectfully but felt 'put on the spot' and was forced to respond to her in a way which would restore his dignity:

C: I knew I must say something to her...

E: Did it feel like if you did not defend yourself then you would be seen as weak?

C: Yes...So I just decided to use an expression, an idiom in my language, I don't know how you say it in English...

E: How do you say it in your language?

C: You say... aah... "if someone does something bad then some other thing will rectify it"

E: Oh... do you think that sounds a bit like a saying in English which goes " what you do to others, will be done back to you?"

C: (looking uncertain, pauses) Aah, it's like if America wins the war against Afghanistan, maybe tomorrow Russia will beat America.

E: Oh, I see...so the bad thing will be rectified by someone else with power who might not have had power before...

C: Yes, it's like that (laughs) I don't understand why I get so angry when I wasn't angry in the beginning...

E: So it was someone feeling they needed to defend you rather than someone speaking to you rudely, that made you angry?

C: Yes (laughs)

By our joint effort to translate the feelings conveyed by words from one language to another, we allowed each other access into our private subjective experience. The emergence of the notion that the feelings which words try to convey might at times transcend language and by implication transcend 'cultural difference', played an important role in heightening empathic understanding. This was because it rendered redundant the assumption that Chris and I held such diverse cultural world views which would prevent us from understanding each other, and confirmed the claim by authors such as Ridley (1995), that cross-cultural differences between people need not prevent their understanding of each other.

The first part of this analysis has focused on the misunderstandings and understandings generated by real and perceived 'language difference' in the therapeutic encounter. The breaks in empathy which appeared to be due to language-based misunderstandings, were explored by looking at the influence of the assumptions held by therapist and client regarding proficiency in the English language. It was shown how the relationship between anxiety, shame and felt ability to express oneself in English, was a central underlying issue. Finding

empathic understanding was shown to be possible through exposing underlying assumptions, through re-negotiating the meanings of words in English, and through validating and making room for non-English language in the therapeutic space. By acknowledging the conscious and unconscious assumptions about the colour and language differences which exist between us, a number of fallacies were exposed such as the fallacy that limited English-speaking ability is indicative of poor emotional insight.

Thus far it has therefore been suggested that by taking a self psychology approach which: incorporates an empathic stance; includes misunderstanding or empathic failures as part of the therapeutic process; allows for an intersubjective stance which sees the therapist-client interaction as the intersection of two subjectivities; and which attends to the moment to moment exchanges between therapist and client, we can begin to engage with cultural difference in useful ways. From an intersubjectivist viewpoint, we were two individuals with different experiences of being able to speak English. The mutual interaction of those two subjective worlds of experience stimulated feelings of power and shame with regard to language, which effected our interaction. By becoming more aware of some of those feelings (via empathy), a shift in our way of interaction took place.

4.4.2. Developing a sharing understanding of feeling states

The next part of this analysis tracks the development of our finding understanding around Chris' feelings of anxiety. It shows the emergence of two important features in relation to feelings/emotions. These features are: the need to consider the socio-cultural frameworks which shape and determine how emotions are expressed (Irvine, 1990), and the absence of a one-to-one relationship between the word describing a feeling and the feeling being expressed (L. Swartz, 1998; Schwandt, 2000). The process of finding out about these two features of emotion, shed light on how the notion of 'cultural difference' often gets used to make sense out of confusion even when that confusion is not about 'culture'.

From the outset, our therapeutic encounter had been significantly shaped by the concept of a debilitating and unwelcome experience of 'anxiety'. This concept existed in the minds of both therapist and client, before we had even met. During the course of a previous psychological intervention at his university's Student Health Services in 2000, Chris's difficulties had been diagnosed as a Generalised Anxiety Disorder, according to the DSM-IV,

the Diagnostic and Statistical Manual of Mental Disorders (American Psychological Association [APA],1994). It was not clear whether this diagnosis had been directly communicated to him at that time. Yet the fact that Chris explicitly stated in his first session that he had come for help with his “problem with anxiety”, suggested that he subscribed to a view which constructed his anxiety-experience as impinging on ‘normal’ healthy functioning. From my perspective, having read about the ‘anxiety’ diagnosis in the referral letter, a number of assumptions and expectations had been set in motion, regarding how he would present in the sessions, what possible intrapsychic conflict might underlie his anxiety, and whether the anxiety was related to interpersonal interactions etc. The way in which my participation in a psychiatric discourse on anxiety influenced my efforts at empathic immersion in Chris’ world is illustrated below.

In the early stages of therapy, my efforts to understand Chris’s experience of anxiety were focused on the **symptoms** of anxiety that he might be experiencing, such as disturbed eating and sleeping patterns and/or feelings of restlessness and agitation. My own anxiety about my inexperience as a therapist rendered the DSM-IV (APA, 1994) a safe retreat, as I set about confirming/disconfirming the Generalised Anxiety Disorder’ diagnosis by checking whether Chris met the criteria for the diagnosis which are set out in this manual. By the types of questions that I asked, I tried to identify factors and contexts which might be provoking anxiety (e.g. “Do you feel more anxious around people or when alone?”), and I began to construct a view of anxiety in line with a psychiatric discourse which sees it as a discrete, measurable and observable phenomenon (L. Swartz, 1998). This symptom-focused view of anxiety coincided with Chris’s own view of his anxiety as a concrete entity from which he required release. The way in which he communicated about his anxiety in the first few sessions, in statements such as “this anxiety is my worst enemy”, and “I must get rid of it”, led me to consider whether his university, and/or his ‘African culture’ had led him to believe that anxiety was a disease from which he could be ‘cured’. In this way our initial co-construction of an understanding of anxiety led us to locate it as a separate and bounded phenomenon.

Yet, although we had ‘found’ a common understanding of anxiety, that understanding did not allow us to explore together the subtleties of Chris’ experience. Ironically it was when we withdrew our focus from the issue of anxiety, that I was able to empathically **feel** it in the

sessions, and to begin to understand how it felt for Chris and why it emerged at certain points in his narrative. The next part of this analysis tracks that process.

Each week I would ask, or Chris would report, how the anxiety was progressing, before we moved on to discuss new developments in his relationships and/or studies. As the weeks went by it became apparent that Chris' 'problem of anxiety' was of an ongoing, low-level kind as opposed to periodic heightened anxiety attacks in response to certain interactions or situations. I noticed that although Chris did not report feeling anxious, there were periods during our sessions when my own feelings of anxiety were very high. By attending more closely to those anxiety-laden periods in sessions, it became apparent that they would arise when Chris was giving very elaborate and detailed accounts of what appeared to be everyday incidents and conversations.

The extract below illustrates this. It is taken from session 7 in which he announced that he had decided to pursue a relationship with a fellow student, Lindiswa. Initially I shared Chris sense of excitement, but then began to wonder why he had changed his mind about entering a relationship in what seemed to be a very sudden manner. Rather than remaining empathically attuned to his feeling of excitement, I then introduced a sense of scepticism to this decision by asking Chris why he had decided to pursue the relationship, which then altered his elated emotional state:

E: I can see this decision has made you very happy (we are both smiling). What do you think lead you to it?

C: (stops smiling as broadly) Aah, how can I put it? (pauses) On Tuesday Lindiswa's friends came to greet me when I was sitting in the cafeteria. I was sitting here and then there is a table and there(indicates with his hands)and they came to sit next to me. They ask me: "How are you doing Chris?" And then they are asking me about the test we are writing. Even I am trying to carry on working they are having conversations around me, talking about this and that. I think they were fishing for information (laughs). Maybe to see if I will react. Hey I was panicking. That was the main thing. (Nodding his head and looking serious)....Another thing Nomsa was telling me if I choose a lady then that lady must be worth it. I think she likes me to have Lindiswa as my girlfriend. She is matured, hard-working, and kind of beautiful. She did not like it when I visit Vuya in first year. At that time she was not talking to me. Also she knew Vuya's friends and they would not talk to her. Another time she told me I must just study. Now all of a sudden she changes her mind. I think she does not want me to be focused on my work. Yes that was the important factor....(pauses, then starts smiling again). I have the respect now (laughs). I see people are greeting me when they see I am with Lindiswa. They say: "Hey Chris how are you doing". Normally they will not see me. That is the thing (laughs). It was out of my control, when she comes to me then it is out of my hands (laughs). What more can I say?

As Chris spoke I had felt increasingly anxious. I became aware that my question was not entirely in tune with Chris' level of excitement and that it might have revealed something of my own doubts as to the wisdom of his decision. Although the question had been partly answered, it was as if Chris felt he had to justify himself to me, hence the jumping from one reason to the next and the sense of confusion as to what had been the main "factor" in his decision. An absence of empathic resonance had led to a break in understanding between Chris and myself, hence his complicated answer and perhaps our mutual sense of anxiety.

On this, and other occasions, I wondered whether the detailed and circumstantial content of Chris' communications were part of an avoidance of dealing with underlying uncomfortable feelings. After our eighth session together, I noted that Chris' long-winded explanations might be a way of "avoiding looking at how he feel about things". Yet challenging this view was the possibility that Chris' communication style was part of a 'cultural' phenomenon in which peripheral details are given before a person gives the central thrust of his/her argument or comment. This second view was based on my informal enquiries among black colleagues about 'white' versus 'black' ways of communicating, in which I heard that it was customary in South African black culture to slowly weave a narrative rather than getting directly to the point.

A further complicating feature of these anxiety-laden periods was that the more elaborate and detailed Chris' descriptions, the more I struggled to follow what he was saying. It would feel as if I was starting to drown in a sea of words, leading me to note down after session 7:

I found myself struggling to remain empathically attuned to him. He darted from one story to the next and I had to work hard to focus on things a bit more.

At times I could feel the connection being lost and noted "how my own emotion started to become quite numb" (session 13). In the beginning phase of our therapeutic relationship it was all too easy to attribute these moments of high anxiety and broken connection to a 'language problem', leading me to question how much language was needed in order to connect to another person. Feeling quite desperate at times, the temptation was to fall back on the underlying assumption that language describes an 'objective' reality (Schwandt, 2000), and that if only Chris' command of English were better, or if only I could speak his language, then we would not find ourselves in this predicament.

As the sessions went by, these concerns remained incompletely explained but somehow receded to the background. The concept of 'anxiety' was discussed less frequently and my experience of periods of heightened anxiety in the sessions, began to seem normal and almost expected. Ironically it was in losing the focus on anxiety that it came to be more 'naturally' found in the therapeutic relationship as a felt experience. This is explained in more detail below.

For the most part Chris' narrative revolved around the issue of relationships and his career. Each week he would give an update of the progress in his studies and his current thoughts about being in a relationship/pursuing a relationship interest/moving away from what felt like a threatening relationship. We began to exchange understandings of what it means to be confident, and 'confidence' became the new central concept we drew on in trying to understand Chris' difficulties. As the focus moved from 'anxiety' to confidence', I began to notice that it was when we spoke about potentially shameful issues, that Chris' word-flow increased and my own anxiety level would rise rapidly and noticeably. It had therefore become apparent that the long and detailed accounts of conversations and incidents in his life, tended to hold underlying communications about feelings of failure and success which impacted on Chris' self-confidence. This confirmed that there was more to his way of communicating than a particular "cultural style". The underlying message about feelings needed to be filtered out from the overt content. This is illustrated in the following extract from session 11 where Chris described the break-up of his relationship with Lindiswa:

E: How do you feel about the fact that you and Lindiswa have broken up?

C: (smiles) I am relieved you know. Her friends could not understand it why she chooses me. It was not normal for them. I can understand it from Lindiswa's point of view. Now I must focus. My work was suffering in the last tests. My mother will be happy to hear it (smiles again). She does not like this lady (pauses) but that was funny, all of a suddenly I had the respect with the people at the residence (laughs). And she was changing me you know. I must go the gym, I must wash my things, I must keep to the lists, Monday, Tuesday. That is one thing I gained, I'm grateful for that, she showed me how to be a better person. Even now we are not together I will follow those things.

Reflecting on the session later I wrote:

I felt that through his disjointed way of communicating I got a sense of a frantic internal world which belies the outer smiling (Chris). When he told me he is relieved to be single again, I found myself feeling uncomfortable and part of something dishonest. I questioned his accepting attitude as his account is filled with half-finished ideas and explanations. I felt embarrassed for him as he spoke and thought that perhaps this is his way of keeping an underlying anxiety about being rejected at bay.

Through the kind of exchange described above, it became possible to understand Chris' experience of anxiety and its relation to feelings of shame, by having it as my own felt inner experience. The process of understanding therefore required more than trying to figure out what Chris was experiencing, but also to note how I myself was feeling. This seems to illustrate Wolf's (1988) view that "to understand means to sense oneself into another's experience, that is, it includes preconscious and unconscious perceptions, particularly of affects" (p.99). Empathic resonance and an attention to empathic ruptures were necessary in order to find and identify with Chris' feelings. This meant listening on more than just a content level, since it involved keeping track of when my anxiety levels rose and then relating this to the possible underlying shameful content in his communications. Conversely, noticing when I felt bored or cut off, would alert me to the fact that I had become lost in content details and that I had missed the feeling.

Having gradually found and apparently identified some of Chris' 'feelings, I imagined that it was useful and necessary to articulate my understanding of his feelings back to Chris so as to allow him to feel understood and assist him in identifying his own feelings. However the challenge of finding the right words for these feelings of shame that I had come to feel, alerted me again to the realisation that there is no clear one-to-one relationship between a word which describes a feeling and the feeling (L. Swartz, 1998; Schwandt, 2000). At best I had obtained a visceral sense of Chris' feelings based on how I felt on a physical level in the sessions, which I then 'named' according to my subjective frame of reference, for example 'this is a feeling of shame'. Yet I hesitated at the thought of openly sharing these observations with Chris. This was partly because I felt it would humiliating for him to hear that I thought he was avoiding feelings of shame. My reluctance to openly acknowledge these feelings of shame, can be psychodynamically understood as my unconscious collusion with Chris' defense against shame. In this way, my avoidance of sharing what I was feeling came to mirror Chris experience of pretending that these difficult feelings do not really exist. Consequently, reciprocal processes of projection and introjection of shame had come to operate in the intersubjective space and allowed us to avoid painful feelings. This illustrates Hollway & Jefferson's (2000) notion that intersubjective dynamics between researcher and researched affect the meanings or interpretations which are arrived at in social research. It was through naming and discussing the feelings in supervision that I became aware that the challenge was to find a way to process the feelings and express them back to Chris in a

manageable form. Unless this took place I would be participating in Chris' feelings of shame, rather than maintaining the emotional distance which the "neutral empathy", of which Wolf (1988) writes, required.

However, there was more to this issue of finding a way to share understanding of feelings. While engaged in the process described above, and trying to understand my reluctance to 'name the feelings', I had become less convinced of the importance of finding the 'right' or exact word to describe these feelings. This was because it had gradually become apparent that the feelings which I believed I had identified, did not exist as bounded entities which could arise in the same form in myself or Chris, but that they were as culturally constructed as my notions of gender or race. Support for this view is given by a number of authors who describe the communication of emotion as culturally constructed and culturally variable. (Irvine, 1990, L. Swartz, 1998) and that in order to fully understand individual's emotional expressions requires understanding their cultural framework. Part of my cultural framework involved my training in the psychology profession which has significantly shaped my construction of emotion in ways that are different to that of a lay person.

Added to the notion of the cultural construction of emotion, was the idea that language constructs emotional realities and that different languages develop different systems of vocabulary for emotions (L. Swartz, 1998). The growing awareness that language is not an empirical phenomenon, led to my moving away from trying to find the 'right' psychological term for the process or feeling, and toward the co-construction of meaning. It began to feel less important that Chris and I give the exact same name to a feeling, and more important that we develop our own vocabulary for feelings. This involved using more sensory-related terms such as "hard" or 'heavy", and descriptive phrases such as "feeling on top of the moon" or "just flying" as opposed to "climbing the mountain" or "drowning". These terms provided us with what felt like a simpler baseline from which to understand emotion, and onto which we could then build on more subtle meanings. For example, after our thirtieth session, we began to use a metaphor, which we had created together in the session, to describe a number of associated feelings. We used this metaphor of "running the race until the end", to describe both feelings of despair and wanting to give up (during the race), and the feelings of joy, pride and triumphant victory (at the end of the race). Although the words "running the race" evoked a host of different feelings, sometimes despair and sometimes the joy of victory, it

was always possible to tell which feelings were being referred to based on the context in which they were spoken.

In summary, this aspect of the case study analysis suggested how finding and sharing understanding of feelings, required a reflection on my own culturally constructed understanding of emotion. This meant regarding the understanding which psychiatry offers of human experiences, such as the experience of anxiety, as one explanatory version among others. It also led to a consideration of the way in which psychodynamic formulations about shame and sense of self, are formed out of a particular kind of arrangement of historical facts, a feature of psychodynamic formulations which has been highlighted by S.Swartz, (1996). Yet this offers but one of many possible explanations of experience. This showed that when we adopt a psychoanalytic self psychology perspective, many of our assumptions begin to be challenged. Through empathic immersion and an attention to empathic failure, we begin to consider the significance of our 'culture' on the therapeutic relationship. The analysis also showed how, after taking the 'cultural' differences in the labelling and expression of emotions into serious consideration, both therapist and client could then slowly generate a new mutually understood language for feelings. This required taking an intersubjective stance which acknowledged the mutual interplay between the subjectivities of therapist and client, and the way in which meanings are negotiated in that interplay.

4.4.3. Finding understanding in the context of different world views

The next part of this analysis focuses on those aspects of our therapeutic encounter in which what appeared to be a gender difference, posed a significant challenge to finding understanding. It will be shown how assumptions about cultural difference underpinned the perceptions of those gender differences. This remained an unconscious phenomenon for as long as the wish to avoid admitting to cultural difference went unexplored. The reluctance to acknowledge cultural difference is understood as being part of the attempt to preserve a connection and distance oneself from the practice of using difference to subjugate people (Gibson et al., 2002). The analysis indicates the significant impact my resistance to acknowledging cultural difference had on my ability to empathise with Chris on gender-related issues.

During the course of our therapeutic relationship, many of Chris' discussions involved his

thoughts and feelings about forming relationships with women. He frequently described being torn between proving his worth and masculinity by being in a relationship, and wanting to avoid jeopardising his study habits and being dominated by a woman. I found myself feeling uncomfortable when he spoke about relationships and questioned what seemed to me to be his 'preoccupation' with women. As I tried to understand this somewhat irrational reaction, I considered that Chris' tendency to use terms such as "ladies" and "long-loan" and "short-loan" (for long-term versus shorter-term relationships) might be testing my ability to retain an empathic listening stance, as I felt that these terms objectified women. The extract which is given below from session 4, shows how my assumptions about his sexism acted as stumbling blocks to keeping an open empathic stance:

I struggled at times with the content of what Chris was saying although I could share the emotion behind what he was saying, for instance when Chris referred to the 'African tradition' of having many wives in a joking manner. As he was explaining about the hard work involved in weighing up the potential of individual women up against each other, I could believe what a lot of effort it took, yet I also found myself wondering what it would be like to be his therapist if he were to become involved with three or four women. I wondered whether I would be able to 'hide' my feelings on this issue. Although I wanted to explore this tradition with him, I kept quiet as I did not want to inadvertently impose my view that I find it unfair to women.

My personal beliefs about the unfairness of men having multiple relationships had interfered with my ability to listen non-judgementally to Chris. In the session, when he had been expressing his sense of being overwhelmed at the complications and possible dangers involved in keeping the interest of several women at the same time, my capacity to empathise with his overwhelmed feeling was compromised by my empathising with the women's position. I have since come to understand my strong negative emotional reactions to Chris' comments about only men having the right to have multiple partners, in the context of my own issues about my gender socialisation. This had involved a reaction against having been treated unfairly as a woman, and hence hearing Chris's plan to undertake what I perceived to be a sexist practice, mobilised my defensive feelings and blinkered my ability to empathise with him. My capacity to immerse myself in his subjective experience was therefore constrained by my own subjective experience of being discriminated against as a woman. Yet it was through a scrutiny of this very phenomenon that a deeper insight about the gender dynamics between Chris and myself could be achieved. This illustrates Frosh's (1999 in Gibson, 2003)) view, that an awareness of unconscious emotional dynamics between researcher and researched adds to, rather than hinders, understanding.

A way of coming to understand and derive meaning out of the unconscious emotional dynamics between therapist and client, was offered by the self psychology concept of vicarious introspection into the world of the other (Wolf, 1988), that is, the suspension of one's own subjective experience so as to move into, and empathise with the other's subjective experience. In terms of the present study this meant that in order for Chris and I to establish a deeper understanding, I needed to suspend my judgement of what I felt to be his sexist male position, and allow myself to imagine what the power of the male position might feel like from his perspective. This could only happen after I had more openly acknowledged some of my negative emotional reactions in supervision. Once this process had been started, it became easier to listen to him objectively, as is shown in the extracts below from sessions 17 and 24:

When Chris spoke about how Joan was the right woman for him as she was strong and Thandi was not, I felt I was listening with different ears following a recent conversation (outside therapy) about how it is acceptable for African men to pick and choose among different women, and go from dating one to another and back again.

Chris discussed the possibilities of the pros and cons of three potential partners. Instead of feeling outraged, I felt myself sympathising with Chris and his dilemma of having to choose someone yet having to make sure it is not someone who will dominate him nor someone who will antagonise his mother.

Although on the surface Chris had seemed to be wielding a great deal of power, I gradually came to understand through vicarious introspection, that it was his inner experience of powerlessness which made him preoccupied with the decision of who to marry. He lived in dread of choosing the 'wrong' woman and being dominated by her for the rest of his life, so that even when he had decided on someone to date, he would often change his mind at the first sign of her expressing any view which was different to his own. As his therapist, it was ironic how in order to have access to the powerlessness of his inner experience, it had been necessary initially to be willing to empathise with the apparent powerfulness of his male position.

When months went by and still Chris did not settle upon a suitable partner, I viewed this within the light of his extremely fragile self-esteem which did not allow him to assert his choices. On many occasions his comments on this issue ended with his concluding that a relationship was out of the question, as is shown in the following extract from session 20:

C: Thandi is young, she has a good body and I can see she wants me.

E: How do you feel about her?

C: We get on well....aah but I don't know if she is matured enough...if she will understand about my course...that's the thing... I must focus. Maybe next year I will be in a better position for a relationship.

E: So for now it feels like there might be too much to lose by becoming involved

C: That's the thing, too much to lose...

Yet even though Chris neither stated nor appeared to have any immediate intentions about becoming involved in a relationship, he continued to be discuss this issue in nearly every session. I initially made sense of his ongoing preoccupation with whether to become involved or not, by drawing on a psychodynamic assumption that Chris was feeling ambivalent towards women due to his experiences of having dominating and unavailable female caregivers. This assumption was based on psychodynamic theories which hold that the early mother-child relationship significantly shapes subsequent adult relationships (Malan, 1979). Yet as our therapeutic relationship developed and the cultural differences between us were brought increasingly into the open, it seemed that Chris' struggle to choose a partner held particular significance as a young educated black male. He had stated more than once that he was being "selfish" by not choosing a wife and after he had explained what he meant by this, I understood that there was an expectation from his family and peers that he be prepared to share his status as an educated person with a wife and family. To not do so implied a lack of respect and gratitude to his extended family for having invested in his upbringing and education, and would seriously jeopardise the future prosperity of his extended family members.

Although it is true that the afore-mentioned 'cultural factors' placed an additional pressure on Chris, his difficulty in making a choice about relationships also needed to be understood in the context of his personal dynamics which were impacting on these 'cultural' factors. To understand Chris' dilemma therefore required simultaneously holding two different views on relationships: the 'western' psychodynamic theories about adult relationships in the context of previous selfobject relationships, and the 'African' view on relationships as a means of showing respect to one's elders and of securing future prosperity. Understanding, therefore, seemed to be located in observing how these two views interacted, and identifying what unique meaning they held for Chris. This process demonstrates Toukmanian and Brouwers' (in Kazarian & Evans, 1998) point that 'cultural knowledge' needs to be particularised for the individual who is in therapy, so as to avoid generalisations about 'culture' which can become

stereotypes. These authors suggest that the therapist's challenge lies in slowly and gradually understanding his/her client by being prepared to hold two different views, both of which are accepted as meaningful and real. The challenge lies not in choosing one over the other but in valuing the worth of both.

So far this discussion has shown how our perceptions about gender and gender relationships were shaped to a significant extent by our different cultural contexts. This demonstrated how, until faced with challenges which lead us to start asking questions, "we are unaware of the ways in which our subjectivities have been formed and maintained within contexts of familiarity (Levett et al., 1997). Further 'unpacking' of previously unquestioned assumptions about race was also precipitated by our occupying opposite gender positions in the therapy. The final part of this analysis will look at the impact of the gender difference between therapist and client on the finding of therapeutic understanding. It will show how defenses were mobilised in an attempt to avoid the painful and unwelcome feelings associated with gender issues. The mobilisation of these defenses by both the researcher and the researched, so as to avoid dealing with uncomfortable feelings, will be understood in terms of Hollway & Jefferson's (2000) explanation of the role of intersubjective dynamics in the creation of meaning in social research.

In addition to the afore-mentioned obstacles to empathy in relation to my assumptions about Chris' different views on relationships, there existed a further dimension to gender dynamics which impacted upon moments of empathic connection and rupture. This pertained to the obvious, yet unspoken, gender difference between Chris and myself. Just as it had seemed preferable from my perspective to adopt a "colour-blind" approach with regards to the language difference between us, it also seemed better for the sake of preserving empathic connectedness to avoid directly acknowledging our gender differences, and the impact that this was having in the therapeutic interplay. This phenomenon whereby therapist and client ignore gender differences has been described by Philipson (1993) as part of an attempt to foster closeness and understanding between them. In the present study, behind my pretence at being 'raceless' and 'genderless', lay the hope that I could neutralise potential sources of difference between us and maximise empathic connection. So for example, the more I heard Chris describe women as potential prizes to be won, and as assets which could confer status and respect upon the 'winner', the more reluctant I became to acknowledge my 'femaleness' in sessions so as to avoid being placed as part of that belief system. I wanted to avoid

looking at the implications of his expressed views about the untrustworthiness of women, namely, that my capabilities as a female therapist were in question. The fact that he was my first long-term psychotherapy client meant I was particularly susceptible to feeling incompetent, and hence a particularly 'defended subject' in this regard. I was reluctant to raise these issues in the therapy and therefore avoided engaging with them. This is illustrated in the following extract from an early session:

C: Lindiswa changed a lot when we were together. At the beginning she did not comment on my untidiness, but later, then it was bad.

E: So you felt that she changed

C: It's true, women are always changing like that (laughs and looks at me)
I feel like I should say something but am cautious of rising to the defence of women and then sounding unempathic, so keep quiet.

C: I don't understand this thing. You can never win.
I still do not know what to say and just smile.

C:(smiling too)That is why I must find someone who will let me dominate.

E: Did it feel like when Lindiswa tried to change you that she was dominating you?

C: No, not actually, she tells me I am selfish because I only think of my studies.

The extract demonstrates my reluctance to engage with gender issues and as a consequence of this, the break in empathy as I failed to hear Chris's underlying communication that he wished to be accepted just as he was. The afore-mentioned extract provides an example of mis-attunement which undermined therapeutic understanding, as the unacknowledged gender issues between us subtly blocked our understanding of each other. Yet the impact of the therapist's gender on the therapeutic interplay has been accorded increasing importance in recent years (Philipson, 1993), and it has even been argued that in some therapeutic instances that this needs to be the focus of clinical attention. It was only after reflection in supervision that I realised how I had taken a 'genderless' role in the therapy of trying to ignore my 'femaleness' in relation to Chris. I could then begin to question why it was difficult for me to acknowledge my femininity as a therapist, and by beginning to think about these issues, to re-consider his comments about his experiences of women as controlling and undermining of him. Feeling less defensive about his comments towards women meant I could engage with them as they arose in the sessions. This is illustrated in the following extract:

C: I must be very careful if I choose a lady....

E: What do you have to lose if you become involved with the 'wrong' lady?

C: She can change you know... maybe she cannot let me focus on my course, and say "Chris you must do this thing, then you must do that thing", then I am weak...."

E: So an important reason to not get involved is because you might get be controlled by the woman?

C: Yes, it's like that...

E: Yet part of you wants to be involved...that must be hard to want someone yet to be afraid that they might hurt you

C: (sighs) Everything, every step I take, is fear.

Unlike previously, in the above interaction I had not felt the need to defend against Chris' comments about the dangers women posed. It now felt possible to stay with the feelings he had brought into the room, to empathise with his fear of woman and to feel comfortable with my status as a woman in relation to him. The move away from my position as a defended subject who was avoiding acknowledging gender difference, and toward a greater conscious awareness of my feelings related to gender, had required an exploration of the unconscious emotional dynamics between us. It was by being alert to the moments of what felt like empathic failure, that the unconscious emotional dynamics could come to the fore.

This final section of this case study discussion has shown how a self psychology perspective, which highlights the importance of the therapist's empathic stance and which acknowledges the way in which both therapist and client's subjectivities shape the therapeutic encounter, provided a useful way of working with gender difference and cultural difference. This was illustrated by my difficulty in ignoring obstacles to empathy, such as my disagreement with what seemed to be Chris' sexist views. Continuing to ignore the obstacles seemed clearly counter-therapeutic. I was therefore forced to confront and engage with the impact difference has on therapeutic understanding in a very real way. Further, by viewing our therapeutic encounter as one which was fundamentally shaped by the meeting of our two subjective worlds, it was possible to begin to think about the 'cultural' origins of our different beliefs and to move away from a one-sided view on reality. This illustrates how the adoption of an intersubjectivist position facilitates the holding of two different world views, both of which are accepted as meaningful and real. Furthermore, once there was an understanding of the way in which our views on gender were culturally shaped, and of the resistance on the part of the therapist to being seen to be focusing 'too much' on racial difference, it became

possible to understand how it had been easier to acknowledge gender difference than to acknowledge cultural difference,

Overall, the analysis has shown how a reluctance to engage with difference, and especially racial difference, acted as an obstacle to empathic attunement. Ironically, it was my fear of losing empathic connection, which had lead to my avoidance of acknowledging difference, yet this ultimately lead to the empathic breaks which I had been trying to avoid. The tendency to prioritise any difference other than race was seen in the way in which language and gender differences between Chris and myself were fore-grounded. In both cases, I went to great lengths to focus on this 'other' difference so as to avoid engaging with racial difference. Yet once these 'hidden' processes were revealed, and underlying assumptions about race were exposed, a way forward could be opened up for finding understanding in a 'real and authentic manner. In the South African context our subjective worlds continue to be shaped in significant ways by our race. Thus the need to expose these 'hidden' processes is crucial in order for us to move beyond the powerful invisible divides which arise out of unacknowledged perceptions about race.

CHAPTER FIVE

CONCLUSION

In the preceding chapter, the analysis of moments of missed and found understanding showed that differences between therapist and client, whether real or imagined, exerted a powerful influence on the attainment of a therapeutic connection. For as long as the existence of these differences between therapist and client remained unacknowledged, we could not work with their powerful consequences. Instead we continued to participate unconsciously in the emotional dynamics surrounding difference, and this in turn influenced our thoughts, actions and feelings about each other, in ways which further undermined the finding of understanding.

A number of explanations were offered to explain the afore-mentioned unconscious participation in interpersonal dynamics pertaining to difference. These included Ridley's (1995) concepts of defensive racial dynamics such as colour blindness and cultural ambivalence. The use of the defensive dynamics of colour blindness, whereby cultural differences are ignored, and of cultural ambivalence, whereby the therapist is alienated from the client's experience because of his/her preoccupations with internal conflicts about race, were understood in terms of a particular historical South African context. In this context, the way in which difference has been used to create separations between black and white people, and ultimately to oppress black people, has led to many people wanting to deny or avoid noticing difference so as to preserve connections. Gibson, Swartz & Sandenbergh (2002) have described this process as one in which "Those of us who come from countries with colonial or apartheid histories may feel especially uncomfortable with the idea of difference as it has been all too easy historically to use ideas about difference to oppress and subjugate people." (p.83).

In the present study it was shown how, along with this kind of defensive exclusion of the differences which exist between therapist and client, came the tendency to pretend to have a full understanding of the impact of cross-cultural differences. An example of this was the way in which I initially avoided hearing the client's communications about his English-speaking ability. This was due to my sense of discomfort at hearing him communicate this aspect of his experience, as it evoked long-standing feelings of guilt associated with my

privileged position as a white South African. Part of my subsequent response to these feelings was to act as if I 'knew' how it must feel to struggle to converse in English, and to assume that it was in his best interests to minimise this obvious difference between us by not mentioning it. When I did not understand what he said at times, I would pretend that I did as part of avoiding acknowledging the language difference between us. This defense was explained by Gibson et al. (2002) as a pressure to understand, or to pretend to understand what is happening across cultures, so as to defend against the powerful and often painful feelings evoked by issues of culture and difference. The reason why difference is often experienced as painful was explained by Frosh (2002) as being due to the threat that difference poses to our sense of having exclusive claim to something 'true' which gives our lives meaning and makes us feel 'whole'.

Yet the present study also showed that the failure to acknowledge differences between people closes us off from knowing each other in an authentic and 'real' manner. A way out of this potential dilemma was offered by a self psychology perspective which focuses on empathic and intersubjective processes. Through the exploration of subtle shifts in empathic connection in the moment-to-moment exchanges between client and therapist, underlying and often unconscious assumptions about difference could be identified. Thereafter, it was possible to explore how those assumptions about difference were hindering empathic connection. In this way it was shown how, because psychoanalysis works with the edges of meanings and the borders of understanding (Frosh, 2002), it is uniquely positioned to offer an understanding of largely unconscious cross-cultural psychotherapeutic issues. The powerful meanings with which the differences between people become invested, a phenomenon we have certainly seen in the South African context, required an approach which would be attentive to the defenses which were set in place in order to keep those powerful meanings from becoming conscious, so as to preserve an integrated sense of self.

The first part of the analysis focussed on the complex conscious and unconscious meanings which were attributed to language difference, and how these impacted on our capacity for understanding. The meeting of two subjective worlds, each of which had a significantly different experience of 'English', led to a number of defensive steps being taken in order to guard against those differences. Yet once these defensive steps had been identified, it became possible for therapist and client to mutually negotiate a 'new' language out of both of our experiences. We were then able to move towards an acknowledgment of the arbitrary

nature of the connection between words and their meanings, and to question the assumption that language can capture lived experience in a manner which both feels real and can be shared. Thereafter, we began to slowly and mutually negotiate our own new meanings which tried to capture more of the unsayable, or that which had been 'missed' by language previously. Our efforts to find a way to talk about and share the experience of anxiety illustrated this very well. In working together to decide which words and metaphors we would use to describe certain feelings, it was necessary to gain access into both my own and Chris's subjective experience. This was made possible by a close attention to empathic connection, and this was how, self psychology, because of its focus on this aspect of therapy, facilitated a deeper understanding of difference.

The second part of the analysis highlighted how emotional expression is shaped by socio-cultural frameworks (Irvine, 1990; L. Swartz, 1998) which can not go unquestioned when two people are operating from different socio-cultural frameworks. An understanding of this phenomenon was facilitated by an intersubjective approach to the therapist-client interaction which saw that interaction as the meeting of two subjectivities or subjective worlds. In this way it became clear how my understanding of anxiety fell within a western psychiatric paradigm, and this was gradually replaced by an understanding of anxiety which was mutually constructed by both the client and the therapist. Empathic connection facilitated this process in so far as it provided a route whereby I could gain entry into the client's subjective experience of anxiety. Part of the empathic immersion into that experience involved actually experiencing it myself in the room. Empathic failures in connecting with the client also facilitated the process of developing a shared understanding of anxiety, as by going back to the moments where the connection broke down, I could begin to explore what was going on unconsciously in that moment.

The third part of the analysis highlighted how what seemed to be empathic breaks due to gender differences between therapist and client, were in fact related to our different world views about relationships. By examining those moments of empathic breakdown or missed understanding, it emerged that our views on gender were culturally shaped and that it was our participation in different world views rather than exclusively the fact of our occupying different gender positions, which was impacting on the finding of understanding. What seemed to be a preference for seeing these empathic breaks in terms of gender rather than culture, suggested that my feelings and thoughts pertaining to cultural difference were more

deeply unconscious and more threatening, than my thoughts and feelings pertaining to gender difference. This gave further support to the central claim of this study, namely the usefulness of a psychoanalytic perspective when working cross-culturally, because of the way psychoanalysis organises itself around the unspeakable or that which is unconsciously defended against.

In conclusion, self psychology's attention to empathic processes and in particular, to moments of empathic failure, proved to be a valuable tool when working cross-culturally. It provided both an entry point into noticing difference as well as a way of working with difference. Because self psychology forms part of a psychoanalytic way of thinking which seeks to engage with that which is unknown, a self psychology approach could be used to overcome some of the obstacles to finding understanding when working cross-culturally, by entering into that unknown via empathic connection. Entering into the unknown or the subjective world of 'the other', not only confronts us with the differences and similarities between our subjective experiences, but also alerts us to the way in which the broader context in which people live, shapes our subjective worlds. It was shown that psychoanalytic self psychology provides a useful way of grappling with the complex ways in which we are shaped by the cultural contexts in which we develop. This was true in so far as the intersubjective stance of self psychology alerted us to the way in which our subjective sense of self is shaped by our contexts, and in turn helps shape our interactions with others. A self psychological perspective therefore facilitated an understanding of difference on both a personal and social level, and illustrated how "the individual and the social reflect one another, because they are one and the same; we find each in each, the turmoil of the social inside the person, the agentic struggles of each subject inside the communal" (Frosh, 2002, p.157).

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